



Internship Agreement

** Enrollment in the Tennessee Cancer Consortium Student Internship requires the completion of this form **

I, _____, agree that I will be an intern with the Tennessee Cancer Consortium's Student Internship Program, conditional upon abiding by the student rules and regulations established by my college or university and its respective departments.

I agree to act in a professional manner and abide by the student policies at my college or university. Furthermore, I understand that a violation of any policy may lead to termination of my internship by the Consortium's Supervising member. Should the internship be terminated, I understand that if the internship is for credit, my college or university will be notified.

I understand that as an intern I am not an employee of the Consortium, the State of Tennessee, or any of the Consortium's partnering agencies/organizations, and subsequently not entitled to any employee benefits.

I understand that anything developed for use by or in the Consortium remains property of the Consortium. I agree to maintain confidentiality of any information, if required/requested, while a Consortium intern.

I understand that I am expected to turn in all necessary assignments on time and that I will prepare a final report of my activities as an intern to my Consortium supervisor to be presented to the Student Intern Committee. I will complete an exit evaluation of my experiences as a Consortium intern.

I understand that I must follow all Tennessee Cancer Consortium's policies and all my college or university guidelines while enrolled in the internship program (I will not be late, I must work all scheduled hours, etc.).

I understand that I must act professionally at all times while enrolled in the internship program (being late to the internship or not showing up for the internship-is not acceptable and is grounds for dismissal).

I will not hold the Tennessee Cancer Consortium, its supervising members, or any of its partnering organizations responsible or liable in any way for, and that no right of action shall arise from, any loss or damage (including, without limitation, personal injury or property damage) caused by or sustained as a result of my participation in the internship program, whether through neglect on the part of Consortium, its supervising members, or any of its partnering organizations or other wise; and

I will indemnify the Tennessee Cancer Consortium and keep it indemnified against all losses, claims, demands, actions, proceedings, damages, costs expenses, and any other liability arising in any way from my participation in the internship program or any breach of my undertakings hereof.



I understand that the internship will officially begin date _____ and will end date_____.
The time shall be monitored at the discretion of the TCC supervisor and /or the Faculty Internship Coordinator if required by your college or university.

I confirm that the information provided in my Student Internship Application is true and correct.

Name (please print):

Signature:

Date: