



# Maui Community College

University of Hawai`i System



**COUNTY OF MAUI  
INTERN TRAINING AGREEMENT  
ASSUMPTION OF RISK AND RELEASE – FORM 2  
2007 - 2008 \_\_\_\_\_  
(semester)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ SS or Banner ID # \_\_\_\_\_  
Mailing Address, City, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Major \_\_\_\_\_  
Semesters Completed in Major \_\_\_\_ Cumulative GPA \_\_\_\_ # of Co-op Credits This Semester \_\_\_\_

I understand and agree to the following requirements and conditions for enrollment and participation in the Maui Community College County of Maui Cooperative Education Program.

**A. INTERNSHIP:**

1. Secure a County of Maui internship that is related to my field of study and career goal, and is approved by the Cooperative Education office.
2. Set up project schedule, follow appropriate safety policies, adhere to department dress policies, demonstrate ethical and appropriate behavior and attitudes, accept and follow instructions and supervision, demonstrate willingness to learn and/or improve my performance and abilities, and comply with other required County policies and procedures.
3. Complete established project-based objectives including a written and/or oral review by my internship supervisor and Co-op instructor by arranged deadlines.
4. Complete the project-based activities in a reasonable time period as arranged with the County and Cooperative Education Program.

**B. INSTRUCTION:**

1. Complete the required instructional component (including seminars as arranged).
2. Complete the required documentation of the internship by established deadlines.
3. Consult with Co-op instructor BEFORE voluntarily terminating my internship or risk losing the stipend and/or credits for Co-op enrollment.
4. Notify Co-op instructor immediately if I am terminated from my Co-op internship before the agreed upon completion.
5. Notify Co-op instructor immediately of any problems or major changes in my internship status (e.g., project, location, supervisor).

**C. GRADING: (Deadline to change from Letter Grade to Credit/No Credit is March 20, 2008)**

**I selected the following grading option when I registered for Co-op:**

**Option I** (letter grade & credit) \_\_\_\_\_ **Option II** (credit/no credit) \_\_\_\_\_

Please check to determine if your program major requires you to select Option I. **See statement below.**

(Continued on next page)

**D. AUTHORIZATION FOR RELEASE OF INFORMATION:**

I authorize the MCC Cooperative Education Program to share information from my MCC academic records with my internship supervisor that is pertinent and necessary to facilitate my participation in Co-op. I also authorize my internship supervisor to share pertinent information about my project activities with the Co-op instructor in order to evaluate my Co-op project-based performance.

**E. ASSUMPTION OF RISK AND RELEASE:**

I voluntarily agree to the terms set forth in this release and understand that I am completing my Cooperative Education internship in the County of Maui department named below through the Maui Community College Cooperative Education Program for my personal benefit, complementing my classroom training at MCC.

In full recognition and appreciation of the dangers and hazards to which I am exposed, inherent in an off-campus internship and during transportation to and from such internship, I do hereby agree to assume all the risks and responsibilities surrounding my participation in such an internship or any independent research undertaken as an adjunct thereto, during the internship period from \_\_\_\_\_ (month/day/year) to May 16, 2008 (month/day/year). And further, I do for myself, my heirs, executors, and administrators hereby release and forever discharge Maui Community College, the Cooperative Education Program, the County of Maui department named below, and each of their officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, and actions, or causes of action, on account of damage to my personal property, or personal injury which may result from any cause during the period of participation as aforesaid.

IN WITNESS WHEREOF, I have caused this Intern Training Agreement and Assumption of Risk and Release to be executed this \_\_\_\_ day of (month) \_\_\_\_\_ (year) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Signature of Cooperative Education Instructor      Date

\_\_\_I am in the process of securing a County of Maui internship.

\_\_\_I have secured an appropriate County of Maui internship as listed below.

\_\_\_\_\_  
Name of County of Maui Department /  
Division

\_\_\_\_\_  
Name of Internship Supervisor

(FORM 2 County – Rev 12/07)

**PLEASE READ THE MCC GRADING GUIDELINES CAREFULLY. STUDENTS ARE SUBJECT TO THE “F GRADE” IF THEY DO NOT COMPLETE A COURSE SATISFACTORILY, AND/OR DID NOT CHANGE THEIR GRADING OPTION CHOICE BY THE DEADLINE, OR DID NOT WITHDRAW OFFICIALLY FROM THE COURSE.**