MEMORANDUM OF AGREEMENT
Acceptance of Intern Agreement Form

The ________________________________ agency accepts the following student as an intern ________________________________ for the ______________ term 20____.

The students in the exercise science and sport management programs within the AUM Department of Kinesiology agree to the following:

1. Follow all CDC protocols with respect to requiring the wearing of masks, maintaining social distance, and other guidelines established in response to the COVID-19 pandemic.
2. Provide the agency with an internship syllabus designating the responsibilities of the agency, university, and student during the first week of internship.
3. Work cooperatively with the agency and site intern supervisor.
4. Conduct conferences with the agency to discuss student learning objectives, student performance, and student evaluations.
5. Have liability insurance of 1 million dollars and provide proof of this insurance to the agency upon request.
6. Have and maintain CPR certification.
7. Provide evidence of a background check.
8. Be on time and act in a professional manner.
9. Meet the expected standards of the internship site.
10. Have Live Text

The agency will be directly responsible for the following:

1. Following all CDC protocols with respect to requiring the wearing of masks, maintaining social distance and other guidelines established in response to the COVID-19 pandemic.
2. Evaluation of internship using departmental forms.
3. Provide adequate supervision of the intern.
4. Provide an appropriate educational experience as discussed with the University Supervisor
5. Inform the university supervisor immediately of any problems relating to the internship. The agency has the right to terminate the internship at any time due to unacceptable, unprofessional, or hazardous behavior and agrees to communicate this directly to the AUM University Supervisor within 48 hours.
6. Regular communication to the university supervisor with the progress of the intern.

The Kinesiology Department will provide the following:

1. Cooperative planning and supervising of the intern. This includes regular communication with the Agency/Site Supervisor by the University Supervisor. If any issues with the intern arise, the AUM University Supervisor agrees to work with the Agency/Site Supervisors to remediate and support the intern so that he/she can complete the internship.
2. Evaluation of the intern’s performance using departmental rubric during the semester.
3. Auburn University at Montgomery retains the right to remove any intern whose behavior or work is unacceptable or hazardous to the university or agency. We agree to communicate this directly to the Agency/Site Supervisor within 48 hours.
4. The university supervisor will assign the final grade.
5. The university will provide the site supervisor with an internship manual indicating the number of hours and expectations of the intern.
6. The university supervisor will meet the site supervisor at least twice during the semester, unless the internship is out of state or country.

The Exercise Science/Sport Management program and the agency will jointly provide the following:

1. Cooperative planning and supervision of the intern.
2. Evaluations of the intern’s performance.
3. Both the agency and Auburn University Montgomery have the right to cancel the internship anytime they feel that the performance of the intern does not meet expected standards of performance.

Signature page: Three copies, provide one to the internship site supervisor, one to intern, one to the AUM internship supervisor. Your signature indicates that you agree to the requirements of the internship.

The Intern is responsible for gaining the signatures and providing copies to the appropriate individuals.

Agency

Agency Printed Name: ________________________________________________________

Address and phone number and email:
___________________________________________________________

Agency Supervisor Name: ______________________________________________________

Date: _______________________________________________________________________

Agency Signature_____________________________________________________________

Intern

Interns Printed Name: __________________________________________________________

Intern Address, email, and phone number: __________________________________________

Intern Signature: ___________________________ Date: _________________

University Supervisor

AUM Supervisor Name/Signature: ______________________________________________________

Phone and email address:
________________________________________________________

AUM Intern Supervisor

Signature_______________________________________________________________