

Undergraduate Sociology Internship Application & Registration Form

Contact Information

Name & ID #	
Street Address	
City ST ZIP Code	
Home Phone	
Local/Cell Phone	
E-Mail Address	
Course ID and Class #	

Eligibility/Personal Information

Year in School _____	Loyola GPA _____	Major GPA _____
Major _____	Minor _____	Car? (Yes/No) _____

I am registering for: Spring ____ Summer ____ Fall ____ 3 hours 6 hours

Placement Information

Place of internship _____

Supervisor _____

Supervisor contact information _____

If you do not have a position, what are your Preferred Placement Options/Internship Interests

- 1.
- 2.
- 3.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Future Plans/Goals

What are your future plans (e.g., occupational, graduate school or professional school)?

Responsibilities

I understand that Sociology 380 requires working at least 10 to 15 hours a week for a semester in an assigned placement, participating in group and individual meetings, keeping a journal of field experiences, submitting a final comprehensive paper, and being evaluated by a field supervisor and the assigned sociology professor.

Name (printed): _____

Signature: _____

Agreement and Release

The undersigned desires to participate in Sociology 380 (Internship), offered by the Department of Sociology at Loyola University Chicago.

I acknowledge that participation in the Internship Program may require me to travel off-campus to work in certain communities in the Chicago Metropolitan area. I acknowledge and understand that there may be certain risks associated with this aspect of the Internship Program, and I understand and expressly assume those risks. While I acknowledge that the course requires community work, I also acknowledge that my participation in the Internship Program itself is not a degree requirement in the Department; rather, it is an optional activity, and I acknowledge that my participation in the Program is by my personal choice.

In consideration of participation in the course, the undersigned hereby freely and expressly assumes all risk of injury or death, or damage to person or property, arising out of or in any way relating to the undersigned's participation in the Internship Program, and the undersigned hereby waives, releases forever, discharges and agrees to indemnify and hold harmless Loyola University of Chicago, its trustees, officers, employees, and their successors and assigns, and the participating Professors from the Departments and their heirs, executors and administrators, of and from any and all actions, causes of action, suits, damages, claims and demands whatsoever which the undersigned may now have or may acquire arising from or in any way related to the undersigned's participation in the Internship Program.

The undersigned states that she/he has attained the age of 18 years and that she/he has read and understands the foregoing.

Name (printed)	
Signature	
Date	