

Department of Digital Humanities

Faculty of Humanities

INTERNSHIP CONTRACT IASC

I, (Name & Student ID #)undergraduate student in the Department of Digital Hustudent with:	am an umanities. I agree to serve as an internship
Internship Organization:	
Address:	
Posta	al Code:
Supervisor's Name (please print):	
Supervisor's Title:	
Supervisor's Phone: ()S	Supervisor's Email:
Student Information: VISA Student? Y N S	Student's Phone #: ()
Student's Brock Email Address:@b	procku.ca
Intern Job Title: Tota	ll Hours:
Paid Post: Y N Hou	rly Wage:
Term (circle one): Spring/Summer Fall Winter	Start Date: End Date:
Job Description: To be attached to this form a objectives and the time frame.	description of the intern's responsibilities, the
Is the internship covered by the organization's Wo	orkplace Safety & Insurance Board (WSIB)? Y N
By signing below, you agree to <u>all</u> conditions liste	ed above:
Student Intern	Date
Internship Supervisor	Date
Coordinator Department of Digital Humanities	Date

Note: This form must be completed and signed prior to beginning the internship experience. The student is responsible for submitting this form to the Department of Digital Humanities Coordinator to receive the necessary override to proceed with IASC 3P95. It is the student's responsibility to gain an understanding of which type of insurance coverage they have access to and the parameters and limitations of said coverage. Additional information regarding coverage can be directed to Brock University, Health, Safety and Wellness Department 905 688-5550 ext. 4237 or ext. 6086.

Should an Accident or Injury Occur:

- Immediately inform Human Resources, Brock University 905-688-5550 ext. 6086 and the appropriate officer in your organization. Claims management will be handled by Brock University
- Notify the Department of Digital Humanities Coordinator (905-688-5550, ext. 4622)
- Complete an Incident Report provided by your organization. Make at least one copy to provide to Brock University