## NEW YORK CITY COLLEGE OF TECHNOLOGY

300 Jay Street, Room V205 Brooklyn, N.Y. 11201 Telephone (718) 260-5588 Fax (718) 260-5591 Prof. Charles Scott and Prof. Norma Lee Chartoff

## ENTERTAINMENT TECHNOLOGY -- INTERNSHIP PLACEMENT

Interns are requested to sign indicating that they understand the requirements.

Semester: Spring 2017 Date:	1/23/17
Name of Student Mathew Durnia	
Course/Section#:	
Intern Organization: Bay Ray Prep - Music &	Theathe Deforment
Address: 7420 Ath Avenue Bruklyn	
State: NY	Zip: \\209
Title of Internship assistant to technical die	3 Chr
Supervisor Dr. Aana Potte Bon Title:	music director (musil theatre
Supervisor Dr. Aann Poitterson Title:  Email: apatterson e bayrigrapup. org	Hacher '
Telephone: (717) <u>AA8-1723</u>	
To Supervisor and Student: Fieldwork is an essential part of the requirements of Department. The internship supervisor is responsible for evaluating the perform should be a joint process and filled out after a conference between the interns should be returned to the New York City College of Technology- Entertain third week of December or May, so that the student can be assigned a final grade - Thank you for your cooperation.	ance of students in the internship. The evaluation thip supervisor and the student. The evaluation inment Technology Department no later than the
1. <b>Internship Assignment:</b> Describe the intern's assignation job area to which the intern was assigned and the spec	
· assist with all aspects of stayloraft	construction, and set preparations as heceral
	1/23/17
Intern Supervisor's Signature Da	nte <sup>1</sup>
	1/93/12
Student Intern's Signature Da	ite /



# NEW YORK CITY COLLEGE OF TECHNOLOGY STUDENT INTERNSHIP AGREEMENT

This is a release. Please read carefully.

STUDENTS MUST SUBMIT THIS COMPLETED FORM TO THEIR ACADEMIC ADVISOR/INTERNSHIP COORDINATOR WHEN REGISTERING FOR AN INTERNSHIP.

1, Madthew Jon Durnin	, ID# <u>/5050537</u> _am a
student at New York City College of Technology (NYCCT or the Coll the Spingsemester of 20 17 at the following entity:	lege) and plan to undertake an internship durin
7420 Yave Brooklyn, NY 11209	
Internship Provider and Address	
Mgied Valderrama  Name of NYCCT Academic Advisor/Internship Coordinator	
Name of NYCCT Academic Advisor/Internship Coordinator	

NYCCT itself does not control the way in which the internship work experience and the internship site is structured or operates. Whether for academic credit or purely for the work experience, the College affirms that this internship, to the best of its judgment, is an appropriate curricular option but makes no other assurances, expressed or implied, about any travel and living arrangements the student has made.

NYCCT does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the College and its agents or employees.

#### **INSURANCE COVERAGE**

- I understand that I am responsible for sufficient health, accident, disability and hospitalization insurance to
  cover me during my internship; I further understand that I am responsible for the costs of such insurance
  and for the expenses not covered by this insurance, and I recognize that NYCCT does not have an
  obligation to provide me with such insurance.
- I will release, defend and indemnify NYCCT from any liability for injury to myself or damage to or loss of my possessions.
- College has no liability for personal injury or property damage which may result from that use. I agree to
  rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my
  internship agency.
- I understand that although some internships may be paid, others are voluntary in nature and there may be no compensation for services performed. It is my decision as to whether I participate in an unpaid internship. I acknowledge that this internship, whether for college credit or not, involves real-life situations and provides educational experiences not obtainable in a classroom setting. I understand that I will not be entitled to unemployment compensation benefits upon completion of my internship. Further, I understand that NYCCT assumes no liability for personal injury which I may suffer in the course of my internship and that I am not covered under NYCCT's workers' compensation insurance policy.

### PERSONAL CONDUCT

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of professional decorum. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship site. I further understand that it is important to the success of the present internship and the continuance of future internships that interns observe standards of conduct that would not compromise NYCCT in the eyes of individuals and organizations with which it has dealings. I agree that should the College Internship Coordinator or my Program Advisor decide that I must be terminated from my internship because of conduct that might bring the program into disrepute or the internship into jeopardy that the decision will be final and may result in the loss of academic credit if applicable.

#### **GENERAL RELEASE**

I understand NYCCT reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the general interest of the internship program. I understand that the NYCCT Internship Coordinator and my Program Advisor may take any actions he/she considers to be warranted under the circumstances to protect my health and safety and/or to guard the integrity of the Internship Program, including termination of the internship experience.

It is further expressly agreed that the internship site and its use of any and all facilities shall be undertaken by me at my sole risk and that NYCCT or The City University of New York shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or to my property arising out of or connected with the internship and with the use of any and all services, or facilities associated with the internship, whether or not sponsored by NYCCT.

I release, discharge, defend, indemnify, and covenant not to sue NYCCT, CUNY, employees or agents as to any and all liability that may arise out of injury or harm to me, death, or property damage, resulting from my participation in this internship.

WITNESS:  Date: 4/4//  Print and Sign (if student is under 18 years old, the Witness may now be the guardian or parent below)	,		
If Student is under 18 years of age, his/her parent/guardian shall sign below:			
GUARDIAN NAME and SIGNATURE:  Date:			

Return form to Academic Advisor/Internship Coordinator BEFORE beginning internship