**SFBS 400 Level Internship – Summer 2011**

**Preliminary Questionnaire for Interns**

Please answer the following questions:

1. What do you hope to gain from your internship experience? (feel free to list several things).

1. What type of setting do you hope be in for your internship (eg, farm, governmental agency, non-profit organization, policy oriented organization, etc)?
2. Is there one particular sector of the food/energy system that you hope to learn more about in your internship? (eg, food or energy production, food processing, food/energy distribution, food security, food/energy policy, food/energy distribution, food processing facility/organization, organization working in area of food security/hunger, other?)
3. Do you have a possible internship site(s) in mind currently? Please list this site(s) below and indicate where it is located and what you think would be the primary learning emphasis of this potential internship experience?
4. Internships can sometimes come with compensation (pay) for interns, but often are non-paid. Are you willing to do either a paid or non-paid internship?
5. Some internship sites provide room and board for interns, others do not. Are you willing to consider internship sites where finding room and board is the responsibility of the intern?
6. Are there any other special circumstances that should be considered for you in your internship placement?
7. Anything else you want to share/comment on about your hopes for your 400 level SFBS internship?

**Please return this questionnaire to Mary Stein in 222 Romney by November 19th.**

**SFBS Off-Campus Internship (HHD/LRES/PSPP476)**

**Internship Agreement Form**

**The SFBS internship is offered for a minimum of 3 credits. The intern works directly with a Cooperator (mentor) to gain hands-on experience**

**Student Information:**

**Name:**

**Date:**

**Address:**

**Phone:**

**Major/Option:**

**Credits completed to date:**

**Date of THG Practicum OR 200 level internship:**

**Semesters completed to date:**

**Cum. GPA**

**>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>**

**Description of intern position:**

**Provide a one page statement on why you want to be involved in this internship and what you hope to gain from it. (Attach a separate sheet to this application packet).**

**Internship Arrangements:**

**Dates of internship:  
Daily hours (indicate days and hours to be involved and expected time off. For example: Tuesday – Saturday 8:00am-5:00pm. Off time: Lunches and holidays.)**

**Credits to be sought for internship:**

**Mentor Information:**

**Name:**

**Address:**

**Phone Number:**

**Email:**

**Description of farm/operation/organization/company:**

**Memorandum of Understanding**

**Sustainable Food and Bioenergy Systems Program  
222 Romney Gym  
Montana State University  
Bozeman, MT 59717**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cooperator/Mentor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cooperator’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cooperator’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person’s in charge of student’s internship program:**

**Cooperator:**

**On-campus internship advisor:**

**Dates of internship: Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship learning objectives:**

**Required reporting:**

1. The student will be expected to keep a weekly written log of experiences and their value. At least once a week the Mentor and the student will confer on the “hows and whys” of each week’s activities.
2. Bi-weekly the student will send a report of the previous two week’s activities to his/her internship advisor explaining what the student has done and the educational value of these activities. This is also a confidential avenue to communicate any problems or concerns.
3. The student will submit a Final Report summarizing what was learned.

**Credits and Evaluation**

\_\_\_\_\_\_\_\_\_\_\_\_ credits (maximum of 6 per registration; maximum of 12 credits counted toward graduation) will be awarded upon the successful completion of the student’s internship program. Grading will be on a pass/fail basis and will be the responsibility of the on-campus internship advisors. A final evaluation will be held toward the end of the student’s internship, which should involve the student, the Mentor, and the on-campus internship advisor.

**Financial Arrangements:**

**Other Items (e.g. housing, travel stipends, etc):**

**Required Signatures:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Student) (Date)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Mentor) (Date)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Advisor) (Date)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Department Head) (Date)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Associate Dean) (Date)**

**University Liability Statement**

**Form C**

I, the undersigned student intern, understand that Montana State University herein indentified as the “University”, has worked with the Mentor named in the attached Memorandum of Agreement to develop an internship program which meets the University’s educational criteria. Therefore, I understand that if I, as a student intern, successfully complete the intern program as set forth in the Memorandum of Agreement, appropriate, previously agreed-upon credit will be granted by the University.

I understand that since the daily managerial control and working conditions of the internship program are handled by, and are under the sole direction of the Cooperator, the University does not have, nor can it assume, any liability relative to my safety and health for the entire duration of the internship program; and that, therefore, I assume all risks relative thereto.

I acknowledge that I have been advised to review with the Cooperator what employee benefits are available to me (i.e. health and accident insurance, workman’s compensation and liability insurance). As stated above, the University will not be liable in any way and, therefore, if adequate benefits are not available, I must make my own arrangements for accident and health protection.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Student Intern)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Date)**

**Student’s Bi-Weekly Report**

**Name:**

**Address:**

**Cooperator:**

**Address:**

**Period covered by this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief outline of activities:**

**Summarize briefly in less than one page, what new knowledge and experience have been gained. (attach page)**

**Problems, concerns or suggestions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date mailed/emailed to on-campus internship advisor**

**Cooperators Final Evaluation**

**Name of student intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Rating of Student’s Characteristics**

**Using the rating scale outlined below, please evaluate the following characteristics for the student intern named above. If the student made noticeable improvement in any of the characteristics during the program, also check the second column.**

**Rating Scale 1-Excellent 2-Very Good 3-Average 4-Unsatisfactory**

|  |  |  |
| --- | --- | --- |
| **Characteristic** | **Rating** | **Improvement?** |
| **Ability to learn** |  |  |
| **Interest in learning** |  |  |
| **Work ethic** |  |  |
| **Willingness to receive guidance** |  |  |
| **Ability to perform without supervision** |  |  |
| **Relationships with others** |  |  |
| **Dependability and reliability** |  |  |
| **Judgment** |  |  |
| **Enthusiasm/curiosity** |  |  |
| **Care or respect for property/facilities** |  |  |
| **Courtesy** |  |  |
| **Overall Performance** |  |  |

**General Questions:**

1. **How was your experience working with this student?**
2. **What were the student’s strengths? Suggestions for improvement?**

1. **Was the internship successful? Why or why not?**
2. **Other comments:**