

**CEL A395 Civic Engagement Internship
Intern Information Form**

PART I: Student Contact Information

Student Name: _____

Email Address: _____ Student ID# _____

Home Address:

Phone Number(s):

Home: _____ Cell: _____

PART II: Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Numbers:

Work: _____ Home/Cell: _____

Part III. Community Organization Information

Name of Community organization you are interning with: (if unknown yet, leave blank)

Name of Supervisor: _____ Position: _____

Phone Number: _____ Email Address: _____

Address:

Part IV. Additional Information

Is there any other information you would like to include (i.e. additional phone numbers, email addresses, emergency contact information, etc)?

Community Engagement & Learning Internship Student Participation Consent Form

Please Read Carefully.

1. I agree to participate in a responsible manner at the internship placement site and to follow all rules and policies governing my internship.
2. I agree to treat all information regarding clients of the internship site, including client names, as confidential regardless of whether the information is public record.
3. I will not drive a vehicle as part of my internship. I understand that if I drive a vehicle, the University of Alaska Anchorage (UAA or the University) may terminate its consent to this internship.
4. I understand the educational benefit I will receive from this internship, and understand that I will not be paid for work performed during this internship regardless of whether the internship experience meets my expectations.
5. I understand that there are risks associated with this internship, some of which may arise from:
 - a. my assigned tasks
 - b. the location of the internship
 - c. the physical characteristics of the internship site
 - d. criminal activity or hazardous materials at or near the internship location
 - e. any travel associated with the internship
 - f. the time of day when I will be present at the internship site
 - g. the criminal, mental, and social backgrounds of individuals with whom I may be working, or
 - h. the amount of supervision I will receive.
6. I further understand that my well-being is primarily dependent upon my acting responsibly to protect myself and others from personal injury, bodily injury, or property damage.
7. I agree that in the course of participating in this internship, I will not:
 - a. report to the internship site under the influence of drugs or alcohol
 - b. make promises to a client, tolerate any verbal exchange of a harassing nature, or engage in behavior that might be perceived as harassment
 - c. engage in behavior that might be perceived as discriminating or condoning discrimination against an individual on the basis of age, race, gender, sexual orientation, mental capacity, or ethnicity
 - d. engage in any type of business with clients or representatives of the internship site
 - e. allow myself to be placed in any situation in which I am alone with a minor or minors
 - f. carry any type of weapon on my person
 - g. discuss, without permission, anything I hear or observe at my placement site with any person other than my supervisor, instructor, or colleagues at the placement site

- h. photograph, without permission, anything I observe at my placement site
 - i. disclose, without permission, the internship site's proprietary information, records or information concerning its clients
 - j. post, without permission, any information regarding my internship on any electronic forum or social media platform, other than Blackboard or other electronic forum used for communication with my instructor or supervisor; or
 - k. enter into a personal or sexual relationship with a client or internship site representative during the term of my placement.
8. Being aware of the risks inherent in this internship, I nonetheless voluntarily choose to participate.
 9. I am in good health and able to participate in this learning activity.
 10. I am voluntarily participating in this learning activity. I understand that I may take back my consent and stop taking part at any time. I agree to contact the UAA Center for Community Engagement promptly in writing if I believe my rights have been or may be violated.
 11. In exchange for being allowed to participate in this learning activity, I agree to indemnify (financially protect) the University, its agents, and employees from liability for any future claims against any of them by reason of any personal or bodily injury or property damage arising from my acts or omissions in the performance of this learning activity.
 12. In exchange for being allowed to participate in this learning activity, I agree to release any claims I may have against the University, its agents, and employees arising out of or related in any way to my participation in this internship.
 13. I am 18 years old or older and legally competent to sign this Consent Form. I have carefully read and understand its terms and their significance. I have discussed to my satisfaction any questions I had about this agreement with my internship instructor. No oral representations or inducements have been made to me to sign this Form.

By signing and printing my name below, I acknowledge that I have read and agree to this consent form.

Signature

Printed Name

Date

**WHAT IS COVERED—Continued
Accidental Death and Dismemberment**

Accidental Death Benefit - If injury to the insured results in death within 365 days of the date of the accident that caused the injury, the carrier will pay 100% of the maximum amount.

Accidental Dismemberment Benefit - If injury to the insured results, within 365 days of the date of the accident that caused the injury, the carrier will pay 50% of the maximum amount per lost scheduled body part up to the 100% maximum amount.

Coverage Limits are:

Principal Sum \$10,000
Aggregate Limit \$250,000

WHAT IS EXCLUDED

This policy will not cover the loss resulting from:

1. Suicide or any attempt by the Insured; or
2. Sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning; or
3. Insured's commission of or attempt to commit a felony; or
4. Declared or undeclared war, or any act of declared or undeclared war; or
5. Participating in team sports, except participation in a covered activity; or
6. Full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty; or
7. Any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law; or
8. Insured being under the influence of drugs, unless taken under the advice of a Physician.

The information contained within this brochure is intended to provide a general description of coverage for the student accident insurance and does not attempt to cover all the terms and conditions of the policy. If you need to file a claim, please go to the link for a claim form and contact AIG at 1-800-551-0824 or contact your Campus Risk Manager at the following link:
http://www.alaska.edu/risksafety/zz_campus_contacts/

PREMIUMS

Premiums vary depending upon the type of activity in which the student is participating.

Activities:

Low Hazardous Activities/Trips—tours, Indoor classroom activities, seminars, etc. \$ 1.20 per day
Hazardous Activities/Trips—mountain climbing, camping, boating, etc. \$ 2.60 per day
Hazardous Activities/Trips—includes Emergency Evacuation and Repatriation \$ 3.20 per day
Student Foreign Travel—includes Emergency Evacuation and Repatriation \$ 1.30 per day

Courses:

On the Job Training—internships allied health, mechanics, food prep, etc. \$ 0.70 per week
Physical Ed/Recreation Classes—(aerobics, tennis, dance, theatre, etc.) \$ 1.30 per day
Automotive, Construction, Diesel and Welding Technology Courses \$ 5.15 per semester
All participants of the Policy Academy \$ 50.00 per semester
All participants of Firefighting, Logging and Forestry Classes. \$ 83.25 per semester
Flight Training—Students must complete the course within 6 months \$ 80.25 per course
Mining & Petroleum Training Education programs. \$376.00 per course
Alaska Marine Highway Oiler Internship for participants while onboard vessel. \$363.90 per year

**AIG
Student
Accident
Insurance**



Claims Contact Information:

**AIG
Accident & Health Claims Department
P.O. Box Shawnee Mission, KS 66285
Telephone: 1-800-551-0824
Fax: 1-866-893-8564
AHclaims@aig.com**

Policy #SRG 9118020

WHAT IS COVERED General Information

Student accident insurance coverage is available to University of Alaska students through the System Office of Risk Services. The specific criteria that must be met in order for the University to make available student accident insurance is that the event/program be:

- University sponsored;
- University scheduled; and
- University Supervised (by a UA staff)

It is important to note that the student accident insurance covers injuries, NOT personal health or sickness. In addition, this coverage is excess to other insurance policies available to the student. In other words, the insurance picks up expenses after other coverages an injured student may qualify for, under the student's personal insurance policy, spouse's insurance, or parent's insurance have been exhausted.

PLEASE NOTE:

COVERAGE DOES NOT GO INTO EFFECT UNTIL THE COMPLETED ON-LINE APPLICATION FORM AND PREMIUM PAYMENT HAVE BEEN RECEIVED BY THE INSURANCE CARRIER. THE CONTACT PERSON WILL RECEIVE AN EMAIL CONFIRMATION OF COVERAGE WITHIN MOMENTS AFTER THE APPLICATION IS RECEIVED.

NOTICE OF CLAIM

Notice of claim must be given to the insurance carrier **within 20 days of an accident**. First go to the website for a link to a claim form at: <http://www.alaska.edu/risksafety/ua-only/student-accident-insurance/index.xml>, or call AIG at 1-800-551-0824 or contact your Campus Risk Manager for a claim form at the following link: http://www.alaska.edu/risksafety/zz_campus_contacts/

If you have any questions regarding the coverage, please call (907) 450-8150.

WHAT IS COVERED Accident Medical Coverage

If an insured suffers an injury that, within 90 days of the date of the accident that caused the injury, requires treatment by a Physician, the carrier will pay the usual and customary charges incurred for medically necessary covered accident medical services received due to that injury, up to the maximum amount per insured for all injuries caused by the same accident. This benefit is payable only for such charges incurred with 52 weeks after the date of the accident causing that injury.

Covered Accident Medical Service(s):

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
- Services of a Physician or a registered nurse;
- Ambulance service to or from a Hospital;
- Laboratory tests;
- Radiological procedures;
- Anesthetics and the administration of anesthetics;
- Blood, blood products, artificial blood products, and the transfusion thereof;
- Physical therapy and occupational therapy;
- Rental of Durable Medical equipment;
- Artificial limbs, artificial eyes or other prosthetic appliances; or
- Medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Coverage Limits are:

Type of Coverage:	Excess other Existing Insurance
Medical	\$50,000 Max. Limit
Dental	\$250 Per Sound Natural Tooth \$500 Max. Limit
Deductible:	None

WHAT IS COVERED Emergency Evacuation & Repatriation

This coverage can be purchased for hazardous trips. This coverage is highly recommended for trips to remote sites where the appropriate medical treatment is not available. Emergency Evacuation and Repatriation coverage is automatically included in Foreign trips.

Emergency Evacuation—The carrier will pay for covered emergency evacuation expenses reasonable incurred, while participating in a covered activity, if the Physician ordering the emergency evacuation certifies the severity of the Insured's injury or emergency sickness warrants emergency evacuation. All transportation arrangements made for the emergency evacuation must be by the most direct and economical conveyance and route possible (see AIG Assist).

Repatriation—If an insured suffers loss of life due to an injury or emergency sickness while participating in a covered activity, the carrier will pay for covered expenses reasonably incurred to return the body to its current place of primary residence (see AIG Assist).

AIG Assist—Assistance Services must make all arrangements and must authorize all expenses in advance for this benefit to be payable. If it was not reasonably possible to contact AIG Assist in advance, the carrier reserves the right to determine whether the benefit will be payable.

Coverage Limits are:

Emergency Evacuation	\$50,000 Max. Limit
Repatriation	\$10,000 Max. Limit

AIG
STUDENT ACCIDENT INSURANCE
Policy # SRG 9118020
Policy & Claim information: 1-800-551-0824
Fax: 1-866-893-8574
[\(claim form link\)](#)

ASSISTANCE SERVICES CONTACT:
Toll free (within the U.S.) 1-800-626-2427
Collect (outside the U.S.) 713-267-2525

Activities:

Low Hazard Trips — Indoor Classroom, seminars, tours, field trips, etc. **\$1.20 Per Day**

Hazardous Trips—outdoor activities, mountain climbing, camping, boating, etc. (DOES NOT Include Emergency Evacuation and Repatriation Coverage). **\$2.60 Per Day**

Hazardous Trips — Includes Emergency Evacuation and Repatriation Coverage. Remote travel. **\$3.20 Per Day**

Foreign Travel— Includes Emergency Evacuation and Repatriation **\$1.30 Per Day**

Courses:

On the Job Training — internships [non-compensated] and allied health, mechanics, food prep, etc. **\$0.70 Per Week**

Physical Education/ Recreation Classes — aerobics, tennis, dance and theatre, etc. **\$1.30 Per Week**

Flight Training—Students must complete course within 6 months. **\$80.25 Per Course**

Automotive, Construction, Diesel & Welding Technology Courses **\$5.15 Per Semester**

Alaska Marine Highway Oiler Internship participants while aboard vessel. **\$363.90 Per Year**

All participants in any of the Firefighting, Logging and Forestry classes. **\$83.25 Per Semester**

Mining & Petroleum Training Education Programs **\$376.00 Per Course**



STUDENT ACCIDENT INSURANCE ELECTION/REJECTION

The Center for Community Engagement & Learning recommends that students obtain accident insurance to cover injuries that might be sustained while involved in a University sponsored, supervised and scheduled field trip, activity, internship, technology or physical education class. If students do not already possess insurance coverage through their employment, parent's policy or other insurance purchased by the student such as UA student health insurance, it is recommended that students purchase accident insurance through the UA System Office of Risk Services. Information about the UA Student Accident Insurance can be found at:

https://www.alaska.edu/risksafety/b_insurance/insurance-coverage/student-accident/index.xml

http://www.alaska.edu/risksafety/g_forms-library/broch.pdf

I certify that I have read the information above and I:

_____ DO want to obtain student accident insurance available through the University of Alaska System Office of Risk Services.

_____ DO NOT want to obtain student accident insurance available through the University of Alaska System Office of Risk Services.

Student's Printed Name

Student's Signature

Date

