**California State University, San Bernardino**
**College of Business and Public Administration (CBPA) Internship Program**
5500 University Parkway, JB-105
San Bernardino, CA 92407-2397
(909) 537-3581/3881 Fax: (909) 537-3883

# PRELIMINARY INTERNSHIP AGREEMENT WITH HOST

Dear Internship Host:

We're delighted to receive your request to participate in our Internship Program. The CBPA student who does an internship must register in an internship course, so please notify us when you make a selection with the student's information. The course offers the student 4 units for completing 150-200 hours over a ten-week period. *Failure to notify us may compromise future assistance to you.*

## INSURANCE AND HOLD HARMLESS PROVISIONS

X We're completing the following because we have not completed this Preliminary Agreement Form in over a year.

___ Our agency/organization has a Preliminary Agreement Form on file with the CBPA Internship Office for the current academic year.

**INSURANCE REQUIREMENTS:** The State of California, Trustees of the California State University, California State University, San Bernardino and the officers, employees, students, volunteers, and agents of each shall be named as additional insured for each of the insurance provisions listed below. This section will remain valid with CBPA's Internship Office for one academic year

**AGENCY/ORGANIZATION** shall maintain limits no less than: *(Select and initial insurance you carry that would also cover intern.)*
**Excess Liability for Public Entities*

* ___ General Liability: $1 million per occurrence - bodily injury, personal injury, property damage, $2 million general aggregate. Expires *07/01/12*

* ___ Employer Liability: $1 million per occurrence for bodily injury or disease. Expires *07/01/12*

* ___ Business Auto Liability: $1 million per occurrence for bodily injury, personal injury and property damage. Expires *07/01/12*

**Also, the agency/organization shall be responsible for WORKERS' COMPENSATION coverage for students during a partnership with this program. Failure to do so will render the agency/organization ineligible to participate in CBPA's Internship Program.**

**OR** ___ Our organization has a standing agreement with CSUSB; approved by Kathy Hansen-Risk Mgmt Officer. Expires ___

**OR** ___ Request arrangements to be attempted with the university as our **non-profit** agency/organization is not able to provide the above insurance requirements, excluding Workers' Compensation. *CSUSB's Risk Management will contact you.*

**LIABILITY**: Both Student and Agency/Organization shall hold harmless, indemnify, and defend, the State of California, the Trustees of the California State University, the California State University San Bernardino and the officers, employees, students, volunteers, and agents of each of them from and against any and all liability, loss, damage, expense, costs (including, with limitation, costs and fees of litigation) of every nature and causes of action arising out of or in connection with the sole negligent acts or omissions or willful misconduct of agency/organization, or its officers, employers, agents and volunteers in connection with the performance of this agreement.

## THE PROCESS

If you understand and agree to the above, please do the following so we can assist you:

1. Attached is a sample internship flyer to use. Replace the information with yours and return by e-mail as a Word attachment to Angie Webb at abecerri@csusb.edu. Once received, our office will make the appropriate announcements.
2. Fill out the Business/Organization Sign-Up Form below and return it with your completed Internship Flyer by email to Angie Webb.
3. Once you start receiving student résumés and cover letters, you can schedule interviews with the applicants. After selecting a candidate, please e-mail abecerri@csusb.edu with the student's name, phone number and e-mail address.
4. Have your intern contact: (a) their appropriate Internship Coordinator to register for an internship course, and (b) the CBPA Internship Office too. The intern will provide you any necessary supervisor forms once he/she is registered in the course.

## BUSINESS / ORGANIZATION SIGN-UP FORM

**Business/Organization Name:*** City of Redlands **Date:*** 11/15/11

**Address:** 35 Cajon Street, Ste. 200 / P.O. Box 3005 **City, State, ZIP:** Redlands, CA 92373

**Type of Business:** Municipality

**Contact Name: *** Janice McConnell **Title: *** Executive Assistant to the City Manager

**Phone: *** (909) 798-7511 **Email: *** jmcconnell@cityofredlands.org

**Signature:** Pete Aguilar **Website:** www.ci.redlands.ca.us

Pete Aguilar, Mayor

Thank You!
Angie S. Webb (*abecerri@csusb.edu*)
CBPA Internship Office

Attest:
Sam Irwin, City Clerk

***Required for renewals only**
**Rev. 3-2011**