



Application Packet

For Participation in the Department of Environmental and Plant Biology Internships Program

Instructions:

In order to process your application, **Harvey Ballard** must receive the following:

- 1 completed and signed application**
- 1 copy of your resume**, briefly detailing your career interests, work experience, and skills promoting your qualifications as an internship applicant
- 1 copy of your current DARS**
- Ranking sheet** showing preferences for available internships

Documents must be in Harvey Ballard's mailbox or office by 1 November, for priority placement.

Special Notes:

- Applications will be reviewed after the application deadline. Applicants will usually be notified by 15 November of their status and internship choices by e-mail. Applicants may be interviewed by the host institution face to face or through skype prior to final selection.
- The Department of Environmental and Plant Biology reserves the right to review your judicial record at Ohio University or elsewhere.

If you have questions or need further information, please contact Harvey Ballard, 406 Porter Hall, Phone: 740-593-4659, email: ballardh@ohio.edu.



1 Personal Information.

Last, First Name PID (P#####) Email Address

Date of Birth: ____/____/____ _____ Gender: (circle one) **M** **F**
 Month Day Year Country of Citizenship

Local Address *Street* *City* *State* *Zip*

(____) _____ Valid until: ____/____/____
Local or Cell Phone [YOU MUST PROVIDE THIS!] Month Day Year

Permanent Address *Street* *City* *State* *Zip*

(____) _____
Permanent Phone

Have you ever been charged and/or convicted of a criminal offense? (circle one) **YES** **NO** If yes, please briefly describe below or attach an explanation.

2 Family Contact Information.

Program information will be sent by email to your parent(s) or other contact person(s) as designated here, unless you notify the Department of Environmental and Plant Biology in writing of otherwise. We strongly recommend that one of your emergency contacts be a parent, spouse or member of your immediate family.

Contact 1: Last, First Name Relationship Email Address

Address *Street* *City* *State* *Zip*
(if different from permanent address)

(____) _____ (____) _____ (____) _____
Home Phone Work Phone Fax

Contact 2: Last, First Name Relationship Email Address

Address *Street* *City* *State* *Zip*
(if different from permanent address)

(____) _____ (____) _____ (____) _____
Home Phone Work Phone Fax

Contact 3: Last, First Name _____ Relationship _____ Email Address _____

Address _____ Street _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Fax

Who should be contacted in case of emergency? (check all that apply)

- Contact 1** **Contact 2** **Contact 3**

3 Academic Information.

All Applicants:

Current Class Rank: (check one)

- Fr** **Soph.** **Junior** **Senior**

Academic Advisor _____ Cumulative GPA _____

Major(s) _____ Minor(s) _____

Expected Time of Graduation: _____ / _____
Month Year

Classification: (check one) **Ohio Resident** **Out-of-State Resident**

Previous Off Campus Study/Travel (List internships, study abroad programs and countries, duration, and purpose; if travel was for an OU program including study abroad, please also indicate director's name and email):

Reference. Please provide the name, title and location of the person providing a reference letter for you.

Name, Title _____ Institution _____

4 Conditions of Participation.

I, the applicant, upon submitting my application to the Department of Environmental and Plant Biology Internship Program, do hereby accept my participation in such program and agree to all terms and conditions of the program. Furthermore, I verify that I am at least eighteen (18) years of age and fully competent to sign this agreement.

1. **Personal Conduct.** I agree to participate in all aspects of the program, including pre-departure and on-site orientation, and program evaluations, as well as host institution instruction, excursions, and performance evaluations. I understand that the Department of Environmental and Plant Biology and the host institution providing the internship have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program. The Ohio University Student Code of Conduct also applies to me whether I am in the U.S. or abroad. Should I violate stated rules, the Ohio University Student Code of Conduct, or the laws of the host country or any other country I may visit while abroad, demonstrate disruptive behavior, or through my conduct bring the program or its participants into disrepute or legal or physical jeopardy, I may be removed from the program and/or face other sanctions. If I am dismissed from the program, I will lose all academic credit and will remain responsible for all program costs incurred on my behalf.
2. **Financial Responsibility and Cancellation.** I acknowledge that I am requesting to be registered for this program. I further acknowledge my legal obligation to pay tuition and fees for the program. I further understand the following:
 - a. The Department of Environmental and Plant Biology and the host institution reserve the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions or in the interest of the internship or participant. Should either entity cancel the program, full refunds of recoverable expenses will be made.
 - b. It is my responsibility to provide all documents including a current drivers license, and undergo all additional screening required by the host institution including a background check or drug screening.
 - c. If I choose to withdraw from the program or cannot participate for any reason other than a medical one, I will be held responsible for all non-refundable costs. I must notify the Internship Program Coordinator and the host institution in writing of my withdrawal. Medical withdrawals must be verified by a written statement from a medical doctor.
 - d. If I do not meet payment deadlines for the Internship credits, a hold will be placed on my records and I will be prevented from graduating, registering for future terms, and/or securing an official transcript until the amount is paid in full along with any other charges that may occur in the meantime; Ohio University may report this delinquency to a credit bureau; and my account may be placed at a collection firm and/or litigation may be pursued if my entire indebtedness is not paid by the indicated deadline, in which case I will pay all collection firm fees, attorney's fees, and other costs and charges associated with the collection of my debt. For more information, visit <http://www.ohio.edu/finance/bursar/financialholds.cfm>.
3. **Program Pre-departure Obligations.** I understand that if I fail to comply with the program pre-departure obligations detailed by the Department of Environmental and Plant Biology, I may be removed from the program. If removed, I will remain responsible for paying the internship credits and any non-recoverable costs.
 - a. **Academic Performance.** I understand that I must be in good academic standing to participate in the program. I further understand that I must maintain a program-specific cumulative GPA and/or complete pre-requisite courses demanded by the host institution(s) for the internship(s) I have applied for.
 - b. **Pre-departure Orientations.** I understand that I must participate in all pre-departure program activities including but not limited to internship-specific orientations.
 - c. **Judicial/Criminal Penalties.** I understand that if, after accepting an internship, I violate the Student Code of Conduct, or am charged with and/or convicted of a felony or misdemeanor offense, I may be removed from the program.

4. **Medical Treatment.** In the event of illness or injury to me, I authorize any official representative of the host institution to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.
5. **Independent Travel.** I understand that before and after the program and during free time within the program, I may elect to travel independently at my own expense. I agree to inform the internship representative of my travel plans in advance in writing, and I understand that neither the Department of Environmental and Plant Biology nor its staff, nor the host institution or its staff, are responsible for me while I am traveling independently.
6. **Permission to Share Information.** I give the Department of Environmental and Plant Biology, and the host institution, and its representatives permission to communicate internally and with my parents or guardians, and/or other emergency contact person (as specified in this application) regarding all issues surrounding my internship experience. This may include but is not limited to student account information, student conduct issues, health and safety, grades or academics; such contact may occur before, during or after the program.
7. **Photo Release.** I give the Department of Environmental and Plant Biology, the host institution, and its representatives permission to make use of photographs bearing my image in both print- and web-based program materials for educational, non-commercial promotion.
8. **General Release and Waiver.** I have read, understood, and signed the Waiver, Release and Indemnification Agreement.

I understand that all Ohio University Policies and Procedures are subject to change, and it is my responsibility to be informed of all University policies pertaining to students enrolled at Ohio University. I certify that all responses made on this application are complete, true and accurate, and I will notify the Department of Environmental and Plant Biology hereafter of all relevant changes that may occur prior to the start of the internship. I hereby acknowledge that I have read, fully understood, and agree to the policies as stated above.

Participant Signature: _____

Printed Name: _____

Date: _____

Ohio University does not discriminate on the basis of race, color, religion, national origin, sex, disability, sexual orientation, gender identity or expression, age, or military veteran status in its employment practices or in the provision of educational programs and services.

6 Waiver, Release and Indemnification Agreement.

In consideration for permission to participate in the internship activity, I knowingly and voluntarily:

- acknowledge that there are unavoidable slight risks and potential dangers to my health and personal safety related to certain types of career service, including the possibility of work-related ailments, accidents, strenuous or compromising environmental conditions, and crime; I further understand and acknowledge that Ohio University cannot guarantee my safety or the safety of my property while participating in an internship;
- represent that I have reviewed the information provided by the Department of Environmental and Plant Biology that is specific to an internship and the host institution providing it;
- represent that I am not aware of any medical reason why I should not participate in the internship(s) I am applying to;
- acknowledge that any host institution personnel may not necessarily be medically trained to care for any physical or medical problems of individuals participating in an internship;
- agree to follow all the safety procedures and instructions of host institution personnel; and
- acknowledge that my participation in the internship is entirely voluntary.

In consideration for permission to participate in an internship, I, on behalf of myself, my heirs and assigns, knowingly and voluntarily assume all risks associated with the internship, assume full responsibility for any losses, damages or personal injury, including death, that may be sustained by me as a result.

I further release and forever discharge Ohio University, and its trustees, officers, employees, and agents from all legal claims for injuries, damages, or losses of any kind, which may arise out of my participation in an internship, to the fullest extent permitted under law, including claims of negligence on the part of the University, but not for injuries, damages or losses resulting from the University's gross negligence, or willful or wanton conduct.

I further agree to indemnify and hold harmless the University, its trustees, officers, employees and agents for any injury, damage, or losses of any kind, including court costs and attorneys' fees that may result from my negligent or intentional act or omission while participating in the Activity.

This Waiver, Release and Indemnification Agreement shall be construed in accordance with the laws of the State of Ohio.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY LOSS, DAMAGE OR INJURY, INCLUDING DEATH, WHETHER OR NOT KNOWN OR ANTICIPATED, THAT OCCURS WHILE PARTICIPATING IN THE ACTIVITY AND THAT IT OBLIGATES ME TO INDEMNIFY THE UNIVERSITY, ITS TRUSTEES, OFFICERS, EMPLOYEES AND AGENTS FOR ANY LIABILITY FOR ANY INJURY, DAMAGE OR LOSSES OF ANY KIND CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION WHILE PARTICIPATING IN THE ACTIVITY.

I verify that I am at least eighteen (18) years of age and fully competent to sign this Agreement.

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

To be completed if participant is under 18 years old:

Recognizing the possibility of injury, including death, damage or loss resulting from the Activity and for the University accepting the participant for the Activity, I hereby release, discharge and/or otherwise indemnify the University, and its trustees, officers, employees and agents against any claim by or on behalf of the participant as a result of the participant's participation in the Activity. I further warrant that I am authorized to sign the form on behalf of the participant.

Parent/Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent/Legal Guardian Printed Name: _____
(If Participant is under 18 years old)
