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Forms must be completed and on file in the Office of Academic Affairs prior to the start of the internship.

### General Information:

Course: KINE 499 - Internship CRN# \_\_\_\_\_ Section # \_\_\_\_\_ Credit Hrs: \_\_\_\_\_  
Location (check one):  In-State  Out-of-State  Out-of-Country  
Minimum hours of study required: \_\_\_\_\_  
*(For every hour of course credit, 45 clock hours of student work must be completed)*

### Student Information:

Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Student ID# \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Major: \_\_\_\_\_  
Program Requirement:  Yes  No  
Semester and Year of Internship: \_\_\_\_\_  
Faculty Intern Supervisor: Dr. Bell  
Emergency Contact Name \_\_\_\_\_ Phone #: \_\_\_\_\_

### Internship Site Information:

Name of Organization: \_\_\_\_\_  
Mailing Address of Organization: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Academic Expectations:

Attach a brief description of the duties and responsibilities of the student intern, the academic outcomes, and methods of assessment. (To be completed by student in collaboration with faculty and site supervisors, i.e., Internship Application Form)

### Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head: \_\_\_\_\_ Date: \_\_\_\_\_  
Vice President for  
Academic Affairs\* \_\_\_\_\_ Date: \_\_\_\_\_

\*(Signature only required for out-of-state and out-of-country internships)

### Required Attachments:

1. Description of academic expectations. (See above)
2. Proof of health insurance for out-of-state and out-of-country internships
3. Release and Indemnification Agreement for Participants in Internships. (Waiver)



Dr. Bell  
KINE 499 SPORT MANAGEMENT INTERNSHIP PLACEMENT  
APPLICATION

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
Credit Hours Currently Accumulated \_\_\_\_\_ Current GPA: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Semester of Internship: \_\_\_\_\_  
Projected Starting Date: \_\_\_\_\_ Projected Finish Date: \_\_\_\_\_  
Internship Site: \_\_\_\_\_  
Specific Sub-division of Organization (if Applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Site Supervisor: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Please comment here on any issues with internship start-up/completion that you may have discussed with your faculty supervisor.

Faculty Supervisor Methods of Assessment:

- It is imperative that a job description is posted by the beginning of the internship. This allows all who are involved to understand what the student will hope to accomplish and will be a yardstick for measuring student accomplishment. The job description should be made up of work-related learning objectives, experiences, duties, ETC. that have been mutually agreed upon by the student and site supervisor for the length of the internship. Some possible areas of involvement are listed below, but there are other work-related opportunities available.

facility preparation	policy formulation	personnel recruitment
facility maintenance	policy administration	personnel training
budget preparation	concessions management	personnel scheduling
budget management	counseling services	personnel evaluation
insurance policies	prevention & care of injuries	equipment purchase
sports information	athlete recruitment policies	equipment inventory
scheduling	travel	equipment maintenance
ticket sales	spectator control	liability & legal issues
event management	Title IX issues	fund raising
marketing	private sports lessons	sales of equipment/services

Please list YOUR internship responsibilities (e.g. budget preparation):

1 _____	2 _____
3 _____	4 _____
5 _____	6 _____
7 _____	8 _____
9 _____	10 _____

Describe objectively (in list form) what you hope to accomplish (e.g., learn how to properly prepare a budget statement for a large corporation). Academic Expectations

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Internship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
Dr. Bell Signature



**WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT**

Course: KINE 499 – Internship CRN # Term / Year: \_\_\_\_\_  
Activity (if applicable): \_\_\_\_\_  
Instructor: Dr. Bell  
Student/Participant Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

In consideration of the State of Colorado, Colorado Mesa University, its **Kinesiology Department** granting me permission to participate in the above-referenced course and/or activity, and with the understanding that such participation is conditioned upon my execution of this waiver and release, for myself, my heirs and assigns, I hereby acknowledge, recognize and assume the risks involved in the course and/or the activity and any risks inherent in any other activities connected with the course and/or activity in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation in the course and/or activity and release from liability the State of Colorado, Colorado Mesa University, and its **Kinesiology Department**, and all of the officers, directors, agents, representatives, and employees of the foregoing entities.

**I HEREBY WAIVE ANY CLAIM I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE ABOVE-REFERENCED COURSE AND/OR ACTIVITY. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE STATE OF COLORADO, COLORADO MESA UNIVERSITY, AND ITS KINESIOLOGY DEPARTMENT, AND ALL OF THE OFFICERS, TRUSTEES, DIRECTORS, AGENTS, REPRESENTATIVES, AND EMPLOYEES OF THE FOREGOING ENTITIES AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEYS' FEES AND COSTS, WHICH MAY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO HAVE BEEN INJURED AS A RESULT OF MY PARTICIPATION IN THE COURSE AND/OR ACTIVITY.**

This waiver shall be governed in accordance with the laws of the State of Colorado, and venue for any action related to this waiver shall be in the City and County of Denver, Colorado. This waiver is intended as the complete integration of all understandings between the parties. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or affect whatsoever, unless embodied herein in writing.

**THIS IS A RELEASE OF LIABILITY. IF STUDENT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED. I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.**

\_\_\_\_\_  
Signature of Student/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent  
(if participant is under 18 year of age)

\_\_\_\_\_  
Date

## **Bi-Weekly Log / Summary**

Bi-weekly log consists of detailed notes about what you did and why. Collect charts, flyers, brochures and any reading material you were asked to look over. This portion of the internship is worth 50% of your grade and is to be e-mailed to me every 2 weeks. If it is not, your grade will be reduced. This is time for feedback from the professor to make sure your journaling is detailed enough. Hard copy material can be turned into me at the end of the internship.

Finally, you will write a 5-10 page paper on what you gained from the internship, how it may help you in the future and if you think it was something that sparked an interest for your future career.

Please include your name and the accumulated hours on each log. Also include the name and telephone number of your immediate supervisor on each log you turn in.

**Department of Kinesiology  
Colorado Mesa University  
Bi-Weekly Log for KINE 499**

**Name:** \_\_\_\_\_

**Internship Site:** \_\_\_\_\_ **Site Supervisor's Name:** \_\_\_\_\_

**Log for the weeks from:** \_\_\_\_\_ **to** \_\_\_\_\_

**The hours worked each day for the week of:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**The hours worked each day for the week of:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Weekly hours and cumulative hours worked this internship: \_\_\_\_\_ (e.g. 62/137)

Description of work activities, experiences, and reactions (use another page if necessary)

1. What did you do during the week?

2. What did you learn as a result of what you did?

3. Is there anything you need from your faculty supervisor at this point?

**Please return this evaluation form to:  
Sport Management Program  
Department of Kinesiology – Dr. Bell  
Colorado Mesa University  
1100 North Avenue, Grand Junction, CO 81501 Telephone:  
(970) 248-1635 • email: [rbell@coloradomesa.edu](mailto:rbell@coloradomesa.edu)**

**Department of Kinesiology  
Colorado Mesa University  
KINE 499 Internship  
Mid-term Evaluation**

**Student:** \_\_\_\_\_ **Site Supervisor (signature)** \_\_\_\_\_  
**Internship Site:** \_\_\_\_\_ **Date of Evaluation:** \_\_\_\_\_

Instruction to the Site Supervisor: Please evaluate the student objectively, using a scale shown as follows:  
 5=Strongly Agree 4=Agree 3=Neutral 2=Disagree 1=Strongly Disagree

<b>1. Work Habits</b>	1	2	3	4	5	N/A
The student is always punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student always gets the work done on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student likes to take initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is dependable and responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student always finishes tasks without prodding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Abilities</b>	1	2	3	4	5	N/A
The student is able to make good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student has exhibited problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can make good decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can catch on & learn quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student has exhibited leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Communication</b>	1	2	3	4	5	N/A
The student can verbally communicate clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can effectively communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Professionalism</b>	1	2	3	4	5	N/A
The student is always dressed appropriately & professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student always behaves professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student has a strong interest in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Personality</b>	1	2	3	4	5	N/A
The student always demonstrates enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student has an outgoing personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student demonstrates self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Relationships</b>	1	2	3	4	5	N/A
The student can get along with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can get along with superiors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student respects and accepts authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student accepts criticism and suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can catch on & learn quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Overall Performance</b>	1	2	3	4	5	N/A
The overall performance of the student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on the student's performance:						

Strengths of the student:

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Areas to improve:

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Please return this evaluation form to:  
 Sport Management Program  
 Department of Kinesiology – Dr. Bell  
 Colorado Mesa University  
 1100 North Avenue, Grand Junction, CO 81501 Telephone:  
 (970) 248-1635 • Email: [rbell@coloradomesa.edu](mailto:rbell@coloradomesa.edu)

**Colorado Mesa University  
KINE 499 Internship  
Final Evaluation**

**Student:** \_\_\_\_\_ **Site Supervisor (signature)** \_\_\_\_\_  
**Internship Site:** \_\_\_\_\_ **Date of Evaluation:** \_\_\_\_\_

Instruction to the Site Supervisor: Please evaluate the student objectively, using a scale shown as follows:  
 5=Strongly Agree 4=Agree 3=Neutral 2=Disagree 1=Strongly Disagree

<b>8. Work Habits</b>	1	2	3	4	5	N/A
The student is always punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student always gets the work done on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student likes to take initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is dependable and responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student always finishes tasks without prodding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Abilities</b>	1	2	3	4	5	N/A
The student is able to make good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student is creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student has exhibited problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can make good decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can catch on & learn quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student has exhibited leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Communication</b>	1	2	3	4	5	N/A
The student can verbally communicate clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can effectively communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Professionalism</b>	1	2	3	4	5	N/A
The student is always dressed appropriately & professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student always behaves professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student has a strong interest in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Personality</b>	1	2	3	4	5	N/A
The student always demonstrates enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student has an outgoing personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student demonstrates self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Relationships</b>	1	2	3	4	5	N/A
The student can get along with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can get along with superiors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student respects and accepts authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student accepts criticism and suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student can catch on & learn quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Overall Performance</b>	1	2	3	4	5	N/A
The overall performance of the student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on the student's performance:						

Strengths of the student:

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Areas to improve:

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Please return this evaluation form to:  
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