

UCLA Film & TV Internship Program

Internship Registration Packet

1. Student Learning Agreement
2. Liability Waiver
3. Worker's Compensation Agreement
4. Time Sheet

Forms 1-3 are due no later than Wednesday of Week 2.

Form 4 is due no later than Friday of Week 11 (Academic Year) or Week 6 (Summer Session).

Please submit all forms to the Internship Office: 225 East Melnitz Hall or internships@tft.ucla.edu

www.tft.ucla.edu/internships

UCLA

SCHOOL
OF THEATER,
FILM AND
TELEVISION



Department of Film, Television & Digital Media

UCLA Film & TV Internship Program

225 East Melnitz, Los Angeles, CA 90095-1622

internships@tft.ucla.edu / www.tft.ucla.edu/internships

Fax: 310-267-2085

Form 1: Student Learning Agreement

The purpose of this Learning Agreement is to help you identify your learning goals for this internship. After **you and the internship site supervisor have signed** this form indicating agreement to this content, please return the original copy to the Internship Office in 225 East Melnitz for signature by the Faculty Sponsor and final processing.

Student Information:	
Name:	Address:
Major:	City and Zip:
Year in School:	Phone:
Student ID Number:	Email Address:
Internship Site Information:	
Name of Site:	Address:
Supervisor:	City and Zip:
Title:	Email Address:
Phone:	Fax:
Faculty Sponsor:	
Name:	Phone:
Department: Film, TV and Digital Media	Email Address:
Internship Coordinator:	
Coordinator: Christina Carrea	Website: www.tft.ucla.edu/internships
Email Address: internships@tft.ucla.edu	Fax: 310-267-2085
Enrollment Information:	
Course Title: FTV 194 & 195 or FTV 498 (circle one)	Quarter Enrolled: Fall, Winter, Spring Summer A, Summer C (circle one)
Number of units for FTV 194: 2 Number of units for FTV 195: 2, 4, 6	Number of units for FTV 498: 4, 8
Internship Information:	
Start Date:	Weekly schedule:
End Date:	Total hours of service



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Learning Objectives: What do you hope to learn from this internship? What do you want to learn about the company or this line of work? In what ways would you like to grow personally and professionally from this experience? How will this internship relate to your major or classes you have taken at UCLA?

Five horizontal lines for writing the Learning Objectives response.

Planned Activities: What meaningful work will you be performing at your internship? It is important to discuss your goals and expectations with your on-site supervisor before you complete this section. Whatever your duties may be they should complement the needs of your site and help you achieve your learning objectives.

Five horizontal lines for writing the Planned Activities response.

Company/Agency/Site Description: Please give a short site description. What does this company do? Use website information whenever possible. Discuss this description with your internship supervisor before you complete this section.

Five horizontal lines for writing the Company/Agency/Site Description response.

Student: I agree to abide by the terms of this Learning Agreement. I agree to complete all necessary paperwork needed by either the TFT Internship Program or site supervisor. I also agree to complete all assignments and follow the requirements listed in the internship syllabus given to me by my TFT Internship Program coordinator.

Student Signature

Date

Internship Site Supervisor: As on-site supervisor of the above name student, I hereby agree to guide this student's work. I also agree to discuss any concerns about the student's performance with her/him directly and with the Internship Program coordinator if necessary.

Internship Site Supervisor Signature

Date

Faculty Supervisor: I approve this student's learning plan.

Faculty Supervisor Signature

Date



Form 2: Voluntary Release of Liability and Indemnification Agreement

I have voluntarily decided to participate in community-based learning through UCLA Department of Film, Television and Digital Media’s Internship Program (hereafter “Internship Program”). I have been advised of the potential dangers associated with participation in the Internship Program, and I am aware that my participation in the Internship Program creates certain risks. These risks include, but are not limited to, hazards of and injury to person (including loss of life) and property while traveling to and from internship sites and while present at internship sites. I understand that each internship site has its own level of risk. I understand that by signing this Voluntary Release of Liability and Indemnification Agreement (“Release”), I assume and accept all of the risk inherent in participating in the Internship Program.

In return for being allowed to participate in the Internship Program and the benefits I will receive from my participation, I hereby release, hold harmless and forever discharge the State of California, the Regents of the University of California, University of California, Los Angeles, its Auxiliary Organizations, and each and every officer, agent and employee of each of them (collectively “State”), from any and all claims, causes of action, liabilities, demands and/or judgments of every kind which I may have in the future for any personal injury, property damage and/or wrongful death caused by the negligence (failure to use reasonable care) of the State or otherwise in connection with my participation in the Internship Program and any activities incidental to the Internship Program. I understand that this Release protects the State from claims of negligence.

I further agree to defend and indemnify the State against, and hold the State harmless from, any and all claims, causes of actions, liabilities, demands and/or judgments for any personal injury, property damage and/or wrongful death arising from the negligence of the State or otherwise, or from any acts or omissions while participating in the TFT Internship Program. I understand that this Release indemnifies the State from claims brought by others.

I have carefully read this Release and fully understand the terms used in it and their legal significance. I understand that this Release is a legally binding contract between the State and myself. I am not a minor, and I am fully competent to enter this Release. No oral representations or inducements have been made to me to sign this Release. I understand that while participating in this program I am not an agent of the State. I sign this Release of my own free will.

Print Name

Signature

Date



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Form 3: Worker’s Compensation Agreement

This will acknowledge that _____ (hereinafter “Company”) and _____, (hereinafter “Intern”) jointly agree as follows:

THAT BY ACCEPTING his/her internship position, Intern is to be compensated by receiving school credits toward his/her pursuit of education. As such, Intern is considered an employee, as defined by Labor Code Section 3351, for the purposes of worker’s compensation coverage. Both Intern and Company agree Company’s Workers’ Compensation Insurance will be the sole remedy in the case Intern sustains an injury arising out of and in the course of Intern’s employment.

 (Signature of Intern)

Date: _____

 (Print Name of Intern)

Date: _____

For and on behalf of:
 Company: _____



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Form 4: Time Sheet

This form is provided to assist you in tracking the number of hours you serve at your site. Please submit the completed and approved form at the end of your service to the Internship Office.

Please round your hours to the nearest quarter time:

.25 = 15 minutes; .5 = 30mins (1/2 hr); .75 = 45 mins.

Example: If you work 1:00 to 5:35...that's 4hrs 35mins – round to 4hrs 30mins (4.5 total hours)

Date	Time In	Time Out	Total Time	Activities

Total Number of Hours Served: _____ Name of Internship Site: _____

Student Name: _____ Name of Site Supervisor: _____

Student Signature: _____ Supervisor Signature: _____

Date: _____ Supervisor Phone #: _____