INTERNSHIP PLANNING QUESTIONNAIRE

Please complete this questionnaire and email to the Office of Risk Management and Insurance at least one month prior to the official start of the internship.

Your name / Net ID: ___________________________ Today’s date: __________

Department / Unit: ___________________________

Name, location(s) and dates of the internship:
_____________________________________________________________________________________
_____________________________________________________________________________________

Will Cornell University students participate in the internship?  Y  N
Will non-Cornell University student participate in the internship? Y  N
Will minors (not registered Cornell students under the age of 18) participate in the internship?  Y  N

Will the interns be paid or unpaid (please circle one)?  Paid  Unpaid
Will the intern receive any stipends?  If so, for what use?
______________________________________________________________________________
______________________________________________________________________________

What physical activities, responsibilities or duties will be expected of the intern(s)?
_____________________________________________________________________________________
_____________________________________________________________________________________

Will the internship include any field trips?  Y  N
What are the locations and dates of the field trips?
______________________________________________________________________________
______________________________________________________________________________
What activities will be available during the field trips?
______________________________________________________________________________

Will the intern(s) need transportation during the internship?  If so, please describe:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are there any contracts, memorandum of understanding or other agreements with any external entities?  Y  N  If Yes, please provide a copy.

Does the student have health insurance applicable to and during the internship period?  Please describe:
______________________________________________________________________________

Have the Guidelines for Cornell Faculty and Staff - Engaging with Interns and Visiting Students been reviewed and applied?  Y  N

The Office of Risk Management and Insurance
Email: Risk_mgmt@cornell.edu
Phone: (607) 254–1575