

Palomar College - Alcohol and Other Drug Studies/Psychological and Social Services  
**Internship Placement Form and Contract**

**Part One: The student will complete and sign below.**

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phones /Home/Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Course: AODS/PYSC/SOC 140 AODS/PYSC/SOC 298 AODS/PYSC/SOC 299 Semester/Year \_\_\_\_\_

Student commitment to agency:

- I commit to be present at the internship site on agreed upon times and dates. I agree to keep my time commitment and fulfill the required number of hours designated by the course I am enrolled in: AODS 140 requires 48 hours, AODS 298 requires 96 hours and AODS 299 requires 144 hours.
- I agree to abide by the policies of the agency and to be open to supervision and direction by staff.
- I will accept responsibility for my part in the learning process.
- I pledge to strictly honor confidentiality.
- I will refrain from dual relationships with clients at the internship site.

**Student** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Part Two: The agency supervisor will complete and sign below.**

Name of Agency/Program: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Zip

Supervisor Name/Title: \_\_\_\_\_

Supervisor Credentials \_\_\_\_\_

*Example: CADAC I, MFT, LCSW, CATC*

Supervisor Phone Number with Area Code \_\_\_\_\_

Supervisor Email Address (*Print*) \_\_\_\_\_

- I agree to provide a safe and ethical environment for \_\_\_\_\_ (name of student intern) to gain exposure to the agency services.
- I agree to assist my intern in developing confidence in working within the agency and with clients.
- I agree to provide my intern with supervision and/or training (individual or group). I understand that weekly supervision may be carried out by me or an appropriately credentialed staff member at my agency.

**Supervisor** \_\_\_\_\_

**Date** \_\_\_\_\_