

COUNTY OF YOLO
ADMINISTRATIVE POLICY MANUAL

CHAPTER: III PERSONNEL ADMINISTRATION	
COLLEGE INTERN POLICY & PROCEDURE	
DATE: FEBRUARY 6, 2001	PAGE 1 OF 8
REVISED: AUGUST 4, 2009	

A. PURPOSE

The purpose of this policy is to establish criteria for a College Intern Program for the County of Yolo. Internship opportunities expose college students to public sector careers in healthcare, mental health, social services, finance, administration, human resources, law, agriculture, information technology, construction, and engineering at the local government level while training them for skilled, professional and administrative careers through the practical application of courses being studied. This program provides the County with the potential to engage our future workforce and demonstrate how interns can pursue their career goals while serving their community.

B. POLICY

1. County departments are encouraged to structure college internships that offer meaningful work and educational value for college students and provide opportunities for the County to engage future employees.
2. Generally, internship opportunities through this Program shall be unpaid; however, students are in no way restricted from participating in work-study programs paid through their college. The County will cooperate fully with any requirements of the student's work-study program.
3. Internship opportunities shall be defined by the project and/or activities to be accomplished. For an internship to be considered educational, no more than twenty-five percent (25%) of the work assigned to the student may be clerical duties such as filing, photocopying, reception duties, etc.
4. The work of interns is intended to augment – not supplant – the work that would normally be done by a regular County employee.
5. Students must be enrolled in an accredited two or four year college or university with at least a sophomore standing at the time of entry into the intern position, and continue to be enrolled in at least nine (9) college quarter or six (6) semester units throughout the duration of the internship in order to remain eligible for the Program. Graduate students must be in enrolled in at least nine (9) college quarter or six (6) semester units throughout the duration of the internship in order to remain eligible for the Program. Students shall provide proof of enrollment (current class schedule, unofficial transcripts, etc.) at the start of each new term. Any break in enrollment status shall render the intern ineligible for the College Intern Program. The intern may, however, choose to continue to independently volunteer his/her time to the County at the department's discretion.
6. Students that are earning their first undergraduate degree will be given first priority for any available internships.
7. In the event that a student is currently working on a special project as part of their internship at the time of their graduation, the student may continue their participation in the College Intern Program for a period of time that may not exceed one year following the date of graduation.
8. In order to maximize the learning experience, the department's intern supervisor should evaluate the intern a minimum of one time in the duration of their project. Ideally an evaluation would take place mid-project and once more at the end of the project.

C. PROCEDURE

1. Departments who do not already have established relationships with colleges and who desire to offer an internship opportunity must submit a request to Human Resources that describes the project, the estimated project start and end dates, the approximate number of hours per week needed, and the desired qualifications and/or area of study of the student intern.
2. When the Department's project request has been received and reviewed by Human Resources, an HR staff member will work with local colleges and universities to obtain referrals for students interested in and qualified for the particular project being offered.
3. Interested students will be asked to undergo an application process in response to any internship projects that are available. Résumés will be received on a continuous basis. Applicants whose education and career interests/previous volunteer pursuits are the best match for the projects available will have their application forwarded to the appropriate department contact(s).
4. The department's intern supervisor will receive the résumés of intern candidates that have been pre-screened/pre-selected for placement. The department will extend interview invitations to those candidates who are best qualified for the project. After interviews are complete, the department will directly notify Human Resources and the selected candidate of his/her status.
5. Human Resources will send placement confirmation letters to those selected (including contact information of the department's intern supervisor), and will notify those intern candidates who were not selected.
6. Once the student begins his/her internship, the department will be responsible to complete the following forms, obtain the signature of the Intern, and submit the original documents to Human Resources:
 - a. College Intern Orientation Checklist (Exhibit A)
 - b. College Intern Information form (Exhibit B)
 - c. Release and Waiver of Liability form (Exhibit C)
 - d. Intern Safety Orientation form (Exhibit D)
7. Interns are covered as volunteers by the County's general liability insurance and are listed as insured under the memorandum of coverage through the Yolo County Public Agency Risk Management Insurance Agency. Interns should be provided necessary safety training and supervision as much as is possible. In the event of an Intern's injury, the department's intern supervisor is responsible for completing and submitting an original Accident/Incident Report for Non-County Employees form to Human Resources (Exhibit E).
8. If a department internship project requires the intern to handle sensitive and confidential matters, the department may want to consider doing a live scan fingerprinting clearance and/or other pre-employment testing prior to the intern's start date. Please call Human Resources for further direction and assistance.
9. If an intern is selected for a project that will require driving a county or personal automobile, the department must notify the Human Resources Risk Management division and submit the original copy of a Non-County Employee Driver Authorization form (Exhibit F).
10. The department intern supervisor should prepare the intern's evaluation in a memo format. This memo should include a summary of the intern's duties, comments about the intern's strengths and weaknesses in performing those duties, and feedback regarding future steps for the intern's pursuit of his or her chosen career path.

EXHIBIT A

**COUNTY OF YOLO
COLLEGE INTERN ORIENTATION CHECKLIST**

FIRST-DAY CHECKLIST FOR SUPERVISORS

I. GENERAL INFORMATION

- () Discuss intern's schedule availability to determine a regular work schedule for the coming weeks
- () Explain the reporting procedure to the intern regarding what they should do if they will be absent
- () Discuss the intern's job outline for the summer including duties and responsibilities

II. COUNTY POLICIES AND PROCEDURES

- () Equal Employment Opportunity General Harassment Policy
- () Sexual Harassment Policy and Complaint Procedure
- () Disability Discrimination Policy and Complaint Procedure
- () Workplace Security and Safety Policy
- () Email Policy
- () Internet Policy

III. UNIT PRACTICES AND PROCEDURES

- () Explain the dress code expectation for the department
- () Explain any special rules to the intern (safety, due dates, anything else specific to the unit and not necessarily department or countywide)
- () Explain your expectations to the intern (work, co-worker relations, atmosphere of department, communication – written or oral, performance and quality standards).
- () Explain policy on breaks
- () Explain policy on computer and phone usage
- () Explain procedure on supplies: what is needed and how to get it

IV. TOUR OF UNIT/BUILDING

Tour of Work Unit

- () Workstation Familiarization (location, how to keep up, where to keep personal items, supplies, etc.)
- () Location of co-worker stations, supervisor office, emergency exits

Tour of Building (s)

- () Identification of the location of restrooms, lunchroom, vending machines, employee entrances, security provisions, parking areas, mail pickup, water fountains
- () Location of nearby divisions with which the intern will have to do business
- () Location of bulletin boards or other sources of information

V. INTRODUCTIONS

- () To supervisors, managers, and department head
- () To co-workers
- () To other division/unit employees with whom the intern will do business
- () To key employees who can answer further questions and assist in integrating the intern into the work place

I understand that it is my responsibility to familiarize myself with all of the above mentioned information that has been given to me, and I will follow up with my supervisor if I have any questions about any of this information.

Signature of Intern

Date

Signature of Supervisor

Date

EXHIBIT B



COLLEGE INTERN INFORMATION

Please print and fill in all information.

PLEASE SEND THE ORIGINAL TO HUMAN RESOURCES, PROVIDE A COPY TO THE INTERN AND RETAIN A COPY IN THE DEPARTMENT.

A. PERSONAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

DRIVER'S LICENSE NO.: _____ EXPIRES: _____
(Only if driving is a requirement)

B. EDUCATIONAL BACKGROUND (Please provide proof of enrollment)

NAME OF SCHOOL YOU ARE ATTENDING: _____

MAJOR: _____ MINOR: _____

NUMBER OF UNITS COMPLETED: _____ EXPECTED GRADUATION DATE: _____

C. EMERGENCY CONTACT PERSON AND PHONE NUMBERS

NAME: _____

PHONE #1 ~ (Home) _____ PHONE #2 ~ (Cell) _____

PHONE #3 ~ (Work) _____

RELATIONSHIP TO APPLICANT: _____

D. DEPARTMENT INFORMATION

I AM VOLUNTEERING IN _____ DEPARTMENT.

LOCATED AT: _____

SUPERVISOR'S NAME: _____ PHONE: _____

Intern Signature

Date

EXHIBIT C

**RELEASE AND WAIVER OF LIABILITY
COUNTY OF YOLO**

This Release and Waiver of Liability (“Release”) is executed this _____ day of _____, _____, by _____ (the “Intern”) in favor of _____ department, County of Yolo and its directors, officers, employees, and agents.

I, the Intern, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I hereby release and forever discharge and hold harmless the County of Yolo, its directors, officers, employees, agents, successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with _____ department and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with the County of Yolo.

I understand and acknowledge that this Release discharges the County of Yolo from any liability or claim that I may have, with respect to any bodily or other injury, illness, death, or property damage that may result from my participation with _____ department and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with the County of Yolo. I also understand that the County of Yolo does not assume any responsibility or obligation unless covered under Yolo County's Worker Compensation program to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance in the event of injury, illness, death, or property damage.

2. **Assumption of Risk.** I understand that my participation with the County of Yolo and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with the County of Yolo may include activities that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in the activities and have voluntarily applied to participate and release the County of Yolo, its directors, officers, employees, agents, successors and assigns from all liability for injury, illness, death, and/or property damage that may result. This risk and assumption of risks is binding on my heirs and assigns.

3. **Other.** I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California.

By signing below, I acknowledge that I have carefully read and understand this Release, and agree to its provisions. I am aware that this is a release and waiver of liability and a contract between myself and the County of Yolo.

Signature of Intern

Date

Print Name of Intern

EXHIBIT D

INTERN SAFETY ORIENTATION

NAME OF INTERN: _____

DEPARTMENT: _____

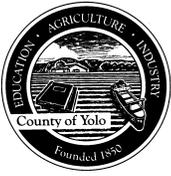
The following items should be discussed during orientation:

- _____ Where, when and how to report injuries.
- _____ Where, when and how to report unsafe conditions.
- _____ Review of fire and emergency evacuation plan.
- _____ Location and use of fire extinguishers.
- _____ Importance of housekeeping (spills, etc.)
- _____ Special job hazards (chemicals, special precautions, etc.)
- _____ Assignment and use of personal protective equipment (PPE)
- _____ Proper lifting procedures (include demonstration)

SIGNED: _____ Date: _____
 Department Contact

SIGNED: _____ Date: _____
 Intern

EXHIBIT E



**County Of Yolo
Accident/Incident Report for Non-County Employees**

Instructions: This form is to be completed by a County employee in the event there is an accident or incident involving a member of the public. This form need not be completed in the person's presence, but an effort should be made by the County employee to obtain all information requested below. If the person requires medical assistance, call 911 immediately. Should the individual inquire about payment for treatment for an injury, please direct him/her to Human Resources/Risk Management.

Name of Injured Person:		
Full Address (street, city, state, zip):		
Date and Time of Incident:		a.m. / p.m.
Address and Specific Location of Incident:		
Did the person say she/he was injured? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If so, how? Attach additional sheets if necessary:		
		<input type="checkbox"/> Additional sheet(s) attached
Did you observe any injuries to the person? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If so, what did you observe? Was the individual treated for injuries at the scene of the incident? Attach additional sheets if necessary:		
		<input type="checkbox"/> Additional sheet(s) attached
Accident Details (describe the accident including the individual's actions both before and following the event). Attach additional sheets if necessary:		
		<input type="checkbox"/> Additional sheet(s) attached
List the name(s) of County employees who you know are familiar with the incident, or who are familiar with the location at which the incident occurred. Attach additional sheets if necessary:		
		<input type="checkbox"/> Additional sheet(s) attached
Were there any witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Witness Name:	Witness Phone #:	County Employee: <input type="checkbox"/> YES <input type="checkbox"/> NO
Witness Name:	Witness Phone #:	County Employee: <input type="checkbox"/> YES <input type="checkbox"/> NO

Print Name and Title of Person Completing this Report:	
Signature	Date:

Original to Human Resources/Risk Management

EXHIBIT F
NON-COUNTY EMPLOYEE DRIVER AUTHORIZATION FORM

PERSONAL DATA			
Full Name:	Home Address: _____ _____	Phone Number:	
WORK ACTIVITY INFORMATION			
County Department in which work activities are performed?			
Type of Duties performed for the County (i.e., volunteer, park host, etc.)			
Date work activities started for the County		Anticipated Date Activities Will Stop	
Your Supervisor's Name & Work Phone #			Ext. #
DRIVER'S LICENSE INFORMATION <i>(Current Copy of your DMV printout must be attached to this request form)</i>			
DMV License #	State:	Expiration Date:	
PERSONAL INSURANCE INFORMATION			
Insurance Company:		Agent and Telephone Number:	

I understand that if authorization is provided for me to drive County vehicles, my driving record may be investigated. I agree to abide by all motor vehicle laws and by the County's Policy governing the use of automobiles. I hereby acknowledge receipt of a copy of this Policy. I understand that my authorization to drive County vehicles is limited to the scope of permission given by the County employee to whom I report and extends ONLY TO CLASS 3 vehicles. I understand that this authorization may be revoked at any time either verbally or in writing.

(Signature of Non-County Employee)	(Date)
DEPARTMENT REQUESTING AUTHORIZATION	
(Department Head's Signature)	(Date)
	(Department)
RISK MANAGEMENT ASSESSMENT	
Date Approved:	Date Disapproved:
(Risk Manager's Signature)	