

# SUMMER 2022 INTERNSHIP

Institute for Software Integrated Systems

## Welcome New Intern!

Please complete the following documents by April 8th, 2022.

- Interns and Observers Participation Agreement and General Release  
Complete all fields and physically sign the document. Digital signatures are not accepted.
- Interns and Observers Statement of Agreement  
Complete the 'For Students' section only.
- Potential Hazard Information Sheet  
Initial only at the top right corner of the page. You will not be working with any hazardous materials or equipment.
- Covid and Infectious Disease Acknowledgement  
Complete required fields and physically sign the document.
- Supplemental Information and Participation Agreement for Remote/Virtual Internships  
For remote interns ONLY. Complete and physically sign the document.

Once the documents are completed in full, please submit the forms via the website at <https://cps-vo.org/group/isis/internships/guidance>

GERILYNN PEARCE  
ADMINISTRATIVE OFFICER

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<https://cps-vo.org/group/isis/internships>

**VANDERBILT UNIVERSITY  
INTERNS AND OBSERVERS  
PARTICIPATION AGREEMENT AND GENERAL RELEASE**

| Intern/Observer/Participant Information  |                        |   |                        |     |
|--|------------------------|---|------------------------|-----|
| Name   |                        | Date of Birth                                       |                        | Sex |
| Parent's/Guardian's Name (if under 18 years of age)  |                        | Parent's/Guardian's Name (if under 18 years of age) |                        |     |
| Home Phone<br>( )  | Work/Cell Phone<br>( ) | Home Phone<br>( )                                   | Work/Cell Phone<br>( ) |     |
| Address  |                        | Address   |                        |     |
| City, ST ZIP Code  |                        | City, ST ZIP Code                                   |                        |     |
| Emergency Contacts   |                        |   |                        |     |
| Primary Emergency Contact  |                        | Secondary Emergency Contact                         |                        |     |
| Home Phone<br>( )  | Work/Cell Phone<br>( ) | Home Phone<br>( )                                   | Work/Cell Phone<br>( ) |     |
| Medical Information and Emergency Treatment Authorization for Participants   |                        |   |                        |     |
| <b>ANYONE REQUIRING IMMEDIATE MEDICAL ATTENTION WILL BE TAKEN TO THE MOST APPROPRIATE MEDICAL FACILITY.</b>  |                        |   |                        |     |
| Primary Care Physician's Name  |                        | Phone Number  |                        |     |
| Insurance Company  |                        | Policy Number                                       |                        |     |
| In the case of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. I acknowledge that any medical treatment will be my financial responsibility and not that of Vanderbilt University.   |                        |   |                        |     |
| Signature  |                        |   | Date                   |     |
| <b>If Participant is a minor:</b> In the event I cannot be reached in the case of an emergency, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment.  |                        |   |                        |     |
| Please list any medical conditions your minor participant has in detail <b>including any medications</b> . Does your child take any medication during school hours? Does your child have any dietary restrictions (including food allergies)?  |                        |   |                        |     |
| Parent's/Guardian's Signature (if Under 18)  |                        |   | Date                   |     |
| PRINT  |                        | SIGN  |                        |     |
| General Release, Participation Agreement and Liability Waiver  |                        |   |                        |     |
| I understand that my participation as a Non-Vanderbilt Intern/Observer is voluntary and I may be exposed to some level of risk in this activity. I assume full responsibility for that risk. I agree to release and hold harmless Vanderbilt University (VU) and individuals from liability in case of accident during activities related to this internship or observer experience, as long as normal safety procedures have been taken. If needed, personal protective equipment will be provided. If I am signing for my minor child, I give permission for my child to go on field trips. I grant permission for photos/images of me to be used by VU in any VU publications and any other way the University deems necessary and appropriate to promote its activities and mission. |                        |   |                        |     |
| Signature  |                        |   | Date                   |     |
| Parent's/Guardian's Printed Name and Signature (if under 18)   |                        |   | Date                   |     |
| PRINT  |                        | SIGN  |                        |     |
| <b>Vanderbilt Protection of Minors Provision:</b> Vanderbilt University personnel adhere to Tennessee state law on mandatory child abuse reporting. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, please consult the Dean's Office or Risk Management (615-936-5935), or report via the Vanderbilt compliance hotline at 844-814-5935. The Tennessee Child Abuse reporting hotline number is 877-237-0004.   |                        |   |                        |     |

**For Students:**

I agree to participate in an educational experience as defined by my faculty sponsor, for the dates defined. I agree that:

- I have read, understand, and will adhere to the Vanderbilt University policy regarding Non-Vanderbilt Interns and Observers outlined on the [Office of the Provost's website](#).
- I have or will have completed any required training prior to beginning my experience.
- I have or will provide a copy of my current transcript or a letter from my current institution, as necessary.

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Name of Student

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Signature

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Date

**For The Dean's Office:**

- All necessary forms, including the (1) [Registration Form](#) and (2) [Participation Agreement and General Release](#), have been completed and are attached.
- A transcript from the student's current institution has been provided (for current undergraduate and graduate students).
- A letter from the student's guidance counselor or principal has been provided (for current high school students).
- A letter from the student's principal or superintendent has been provided (for K-12 teachers).
- If the student is a minor:** Page 3 of this form has been completed and a copy sent to the Office of Risk Management, Protection of Minors.
- If the student is a minor, the Participation Agreement and Liability Waiver Section on the Participation Agreement and General Release is complete.

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Dean's Office Representative

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Signature

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Date

# Potential Hazard Information Sheet

Participant Initial Here \_\_\_\_\_  
 Parent (if Minor) Initial Here \_\_\_\_\_

## MATERIALS AND EQUIPMENT TO BE USED – CHECK ALL THAT APPLY:

| CHEMICALS  | BIOLOGICAL MATERIAL  | EQUIPMENT   |
|--|--|---|
| <input type="checkbox"/> <b>Flammable</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment       | <input type="checkbox"/> <b>Recombinant DNA including viral vectors</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment                 | <input type="checkbox"/> <b>Fume Hood</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment  |
| <input type="checkbox"/> <b>Reactive</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment        | <input type="checkbox"/> <b>Risk Group 2 infectious agent</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment                           | <input type="checkbox"/> <b>Biosafety Cabinet</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment  |
| <input type="checkbox"/> <b>Carcinogenic</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment    | <input type="checkbox"/> <b>Risk Group 3 infectious agents</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment                          | <input type="checkbox"/> <b>Autoclave</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment  |
| <input type="checkbox"/> <b>Toxic</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment           | <input type="checkbox"/> <b>Nonhuman primate-derived body fluids, tissues, or cells</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment | <input type="checkbox"/> <b>Centrifuge</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment   |
| <input type="checkbox"/> <b>Corrosive</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment       | <input type="checkbox"/> <b>Human-derived body fluids, tissue or cells</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment              | <input type="checkbox"/> <b>Power Supply</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment   |
| <input type="checkbox"/> <b>Oxidizer</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment        | <input type="checkbox"/> <b>Animal or plant pathogens</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment                               | <input type="checkbox"/> <b>Analytical Instruments</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment   |
| <input type="checkbox"/> <b>Pharmaceuticals</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment | <input type="checkbox"/> <b>Animals</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment   | <input type="checkbox"/> <b>Industrial Machinery</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment   |
| <input type="checkbox"/> <b>Gases</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment           |  | <input type="checkbox"/> <b>Noise Producing Equip</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment  |
| <input type="checkbox"/> <b>Other Chemical</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment  | <input type="checkbox"/> <b>Other Biological Material</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment                               | <input type="checkbox"/> <b>Sharps</b><br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment<br><input type="checkbox"/> <b>Other</b> _____<br><input type="radio"/> Handling/Direct Contact<br><input type="radio"/> Present in Environment |
| Potential Hazard Control Plan (Training or other mitigation process to lessen potential risk).   |  |   |

# VANDERBILT UNIVERSITY

## INTERNS AND OBSERVERS

### COVID AND INFECTIOUS DISEASE ACKNOWLEDGEMENT AND AGREEMENT TO ADHERE TO UNIVERSITY PROCEDURES

Please read carefully, sign and date and turn in as a supplement to the Interns/Observers paperwork.

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I understand that an inherent risk of exposure to COVID-19 or any infectious disease exists in any public place where people are present. COVID-19 is highly contagious and can lead to severe illness and death.

Vanderbilt is following public health guidelines to reduce the spread of infection; however, Vanderbilt cannot guarantee that I/my child will not become infected with COVID-19. I acknowledge that neither I/my child can be protected from all risk of illness caused by COVID-19.

By permitting the minor to participate in the program named above, I, on my own behalf and on behalf of myself/my child, voluntarily assume all risks related to exposure to COVID-19 or any infectious disease.

I understand that the rules and regulations of the Program and Vanderbilt are designed for the safety and protection of all participants, and I hereby agree that I/my child will abide by these rules and regulations. I understand that failure to comply may result in my/my child's dismissal from the program.

I, on my own behalf and on behalf of myself/my child, release Vanderbilt from any claim based on the spread or contraction of COVID-19 in connection with the minor's participation in the program, and agree to hold Vanderbilt harmless from any third-party claim based on that participation.

|                            |
|----------------------------|
| Participant name (Printed) |
| Participant Signature      |
| Parent Name (Printed)      |
| Parent Signature           |
| Date                       |



### Supplemental Information and Participation Agreement for Remote/Virtual Internships<sup>1</sup>

In addition to completion of the Provost's Office Intern/Observer paperwork, this agreement recognizes that this experience will be conducted off campus, via online or other means not in person, through a remote engagement platform.

I understand that Vanderbilt uses selected technology with safeguards for privacy, however, all participants (or their parent/guardian in the case of a minors under 18 years of age) are responsible for reviewing the privacy practices of any third party technology provider and participation in the Internship indicates my acceptance of the platforms selected to deliver this Internship. Platforms may include but are not limited to Zoom, Skype, BrightSpace, Slack, RedCap, Microsoft Office, and Box for Vanderbilt.

I understand that I am expected to adhere to appropriate behavioral and conduct expectations and that failure to do so may result in termination of the internship. This include upholding any data and research confidentiality, not engaging in online or any behavior that is threatening, abusive, or inappropriate. I will not share data, passwords or links to online meeting sessions with others not engaged in the internship.

I will use only approved means of communication and records management for the tasks I am assigned.

Any technology, equipment, or data that is provided to me will be safeguarded appropriately. Prior to returning equipment to campus, if it is possible without damaging the equipment, I will disinfect the equipment or seal the equipment in a plastic bag before it is returned to campus. If neither are possible, I will follow instruction of my internship supervisor on how to return provided equipment.

I understand that during the COVID-19 pandemic, Vanderbilt has enacted specific requirements for guests and visitors to campus. If my internship requires a visit to campus, I will complete the COVID- 19 related safety acknowledgement training module prior to my temporary physical presence on campus.

#### Participant and (if under 18) Parent/Guardian:

Today's Date \_\_\_\_\_ Name of Intern \_\_\_\_\_

Signature \_\_\_\_\_

If under age 18: Name of Parent or Guardian \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

#### Vanderbilt University Hosting Department: \_\_\_\_\_

Name of Intern Sponsor \_\_\_\_\_

Signature of Intern Sponsor \_\_\_\_\_

<sup>1</sup> (to be completed and approved in addition to the Provost's Intern/Observer packet and stored with the packet materials when complete)