



**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/NetID: \_\_\_\_\_

Today's date: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

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

\_\_\_\_\_

Check if Cornell University students will participate in the internship.

Check if non-Cornell University students will participate in the internship.

Check if minors (not registered as Cornell students under the age of 18) will participate in the internship.

Will interns be paid or unpaid? (select one) Paid      Unpaid

Check if the intern will receive any stipends.

What will stipends be used for?

\_\_\_\_\_

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

\_\_\_\_\_

Check if the internship will include any field trips.

What are the locations and dates of the field trips?

\_\_\_\_\_

What activities will be available during field trips?

\_\_\_\_\_

Check if the intern(s) will need transportation during the internship.

Please describe transportation needed during internship:

\_\_\_\_\_

\_\_\_\_\_

Check if there any contracts, memorandum of understanding, or other agreements with any external entities?

If Yes, please provide a copy.

Check box if the student has health insurance applicable to and during the internship period.

Please describe: \_\_\_\_\_

I confirm the Guidelines for Cornell Faculty and Staff - Engaging with Interns and Visiting Students has been reviewed and applied.