Practicum in Philanthropy and Nonprofit Studies-CADS 4910

CHECKLIST

one Complete prerequisites
CADS 2700/2703 - Introduction to Philanthropy and Nonprofit Studies and CADS 3700/3703/3707 - Gender, Wealth, and Philanthropy

two Communicate with practicum instructor regarding plan for practicum including worksite possibilities

three Identify the worksite for course and confirm with practicum instructor

four Meet with onsite supervisor for approval and to complete paperwork

five Return all paperwork to practicum instructor

Upon receipt of completed and approved paperwork the Consumer and Design Sciences department will register you for the course

STUDY ABROAD NOTE:
Study abroad opportunities may qualify for the practicum. An approved application must be submitted to the practicum instructor before registration can be completed. The application can be found online through http://www.auburn.edu/academic/international/auab/ and has the following deadlines:

- Summer: March 30
- Fall: April 30
- Spring: October 15

Instructor Contact Information:
Samantha Allbrook
allbrsl@auburn.edu or
(334) 844-3524
CADS 4910 Practicum in Philanthropy and Nonprofit Organizations (3)

**Course Description:** CADS 4910 Practicum in Philanthropy and Nonprofit Organizations (3), Pr. CADS 2700/2703, CADS 3700/3703/3707 or departmental approval. Supervised practicum experience with a philanthropic or nonprofit organization for a minimum of 135 hours.

**Student Learning Outcomes:**

1. Increase awareness, experience, and knowledge related to day-to-day operations of philanthropists and nonprofit organizations/the independent sector.
2. Gain understanding of the application and operations of nonprofit organizations and philanthropists at the individual, corporate, community, and international levels.
3. Enhance skills in working with nonprofit organizations and philanthropists as a donor, professional and/or volunteer.
4. Become more proactive, energized, and inspired leaders/members of the nonprofit arena.
5. Increase professional knowledge and the experience base needed to refine leadership skills and impact with co-workers, supervisors, community partners, and society at large.

**Course Content Outline:**

Students will work with a philanthropic/nonprofit organization/foundation or philanthropist a **minimum of 135 hours during the term** to gain first-hand knowledge and experience of philanthropy and the day-to-day operations of a nonprofit organization, i.e., the independent sector. Students will observe and participate in activities/assignments throughout the semester that relate to various aspects of the philanthropist/nonprofit organization including, but not limited to:

- Attending meetings and participating in and advancing the work of the nonprofit organization/philanthropic organization.
- Attending community and other events related to the specific work of the nonprofit organization/philanthropist.
- Completing assignments/tasks as directed by the instructor and the onsite supervisor at the philanthropic or nonprofit organization leader/philanthropist.
- Complete an ePortfolio describing the philanthropist/nonprofit organization, its mission, scope, structure, personnel, and impact. The portfolio will also describe the student’s role within this structure during the time of the practicum.

**Assignments/Projects/Contribution to Course Grade:**

- Students must complete required hours and submit time sheets by predetermined due dates.
- The managing evaluation team members of faculty instructors and on-site supervisor will rate the student’s completion of tasks throughout the semester from 1 (poor) to 5 (excellent) for each of the following areas:
  - Dependability/completion of work
  - Learning ability/comprehension
  - Enthusiasm/motivation
  - Interpersonal skills/teamwork
  - Professional appearance and timeliness
- Discussion Board Posts
- Student ePortfolio
- Compilation paper
CADS 4910 Practicum in Philanthropy and Nonprofit Organizations (3)
This contract, resume, and signed "Hold Harmless Form" and letter of agreement from on-site supervisor must be submitted together.

Name: __________________________  AU Student ID#: __________________

Major: __________________________  E-mail address: __________________

Address: __________________________

Cell#: __________________________  Home Phone#: __________________

Prerequisite Courses:
CADS 2700/2706: Term Taken __________  CADS 3700/3707/3706: Term Taken __________

Date when Practicum will begin: __________  Date Practicum Ends: __________

Name of Practicum Organization: __________________________

Dept./Office in which you will be working: __________________________

Complete Address of Practicum Organization: __________________________

Supervisor’s Name __________________________

Phone: __________________________  Supervisor’s E-mail: __________________

I have carefully read the requirements for enrollment in CADS 4910 and have not met all of these requirements. I understand and agree to complete all requirements for this internship.

Student: __________________________  Date: __________________

Practicum/Organization Supervisor: __________________________  Date: __________________

Faculty Practicum Supervisor: __________________________  Date: __________________

CADS Department Head: __________________________  Date: __________________

I give my permission for my practicum materials (name, pictures, etc.) to be used for departmental/Cary Center for the Advancement of Philanthropy and Nonprofit Studies promotional purposes.
Student Signature: __________________________

Return all signed forms to Dr. Carol Warfield, 308 Spidle Hall, Auburn University, AL 36849: Fax: 334-844-1340
Letter of approval from on-site supervisor in
CADS 4910- Practicum in Philanthropy and Nonprofit Studies

This letter needs to be put on the on-site supervisor’s letterhead and submitted by the student
to the instructor(s).

Date

Dear _________________________________ (insert instructor’s name here):

I approve _____________________________ (insert name of student here) to work as a
practicum student in _____________________________ during the _______________ term of
_____________ for 135 hours.

The duties associated with this practicum experience will include: (insert student’s job
description here)

As on-site supervisor, I understand that I will need to complete an evaluation of the student’s
work at the end of the semester. This evaluation will compose 15% of the student’s final grade
in the course. This evaluation will be sent to me by the faculty advisor toward the end of the
semester. This managing evaluation will rate the student’s performance in the following areas:

___ Dependability/ completion of work
___ Learning ability/ comprehension
___ Enthusiasm/ motivation
___ Interpersonal skills/ teamwork
___ Professional appearance and timeliness

Sincerely,

________________________________________
(Name)

________________________________________
(Date)

CC: Insert student’s name
RELEASE, WAIVER, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT
AUBURN UNIVERSITY

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE IN THE ABOVE EVENT.

Last Name: ______________________ First Name: ______________________ Middle Name: ______________________

Student ID: ______________________ Date of Birth: ______________________ Sex (M/F): ______________________

Date(s) of event: __________________________________________________________

Name of event: ____________________________________________________________ (hereafter “Event”)

Location of event: _________________________________________________________

I, the undersigned, wish to participate in the above Event on the date(s) indicated above and I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my participation in this Event there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in the Event includes travel to and from the Event. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from this Event.

I acknowledge that specialized experience and skills may be necessary to participate in this Event and confirm I possess such experience and skills. I understand and agree to follow all safety precautions required for participation.

To the extent that I engage in activities that are not a part of the Event and from which I may sustain personal injury or other damage to myself or property, or cause others to be injured or sustain other damage, including damage to their property, I understand that Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents (hereafter “Auburn”) will not be held responsible.

I hereby release Auburn from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to me or loss that I may suffer while training, preparing, participating and/or traveling to or from this event. This agreement is binding on my heirs and assigns.

I furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in the Event.

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur during my participation in the Event.

I have read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Signature of Participant ______________________ Signature of Parent or Guardian ______________________

If participant is under the age of nineteen (19)

Date ______________________ Date ______________________