Santa Barbara Coastal Long Term Ecological Research (SBC-LTER) Intern Application

Please fill out the following information and return <u>IN PERSON</u> to Sarah Sampson at **Marine Science Research Building (MSRB) office 3003**. Electronic applications will not be accepted.

For questions contact: Sarah Sampson@ucsb.edu

Selected interns will be invited to an orientation meeting and given weekly lab training shifts.

Date of application:

Name:

Email Address:

Phone Number:

Intended Major:

Academic Year:

City College Transfer? Quarter/Year:

Expected UCSB Graduation Quarter/Year:

Current, high school or city college GPA:

1. Have a look at the SBC LTER website (<u>http://sbc.lternet.edu/</u>). What aspects of SBC LTER research do you find most interesting?

2. If you were given the choice between (A) SCUBA diving for science (B) Conducting experiments in lab (C) learning data analysis, technical software and how to program instruments or (D) checking out critters in a microscope for science, which would you choose and why (we do all of these things, there is no wrong answer).



3. Tell us about you. How would you describe yourself? What do you like to do in your free time? What are your academic / personal goals for this year?



4. Do you have a SCUBA certification?

- If yes, what level?
- Do you have a research dive (AAUS) certification?
- Do you get seasick?

5. Please print and attach a "weekly view" of your fall gold schedule with any other commitments penciled in. If your fall schedule is not yet solidified, please indicate all days & times that are certain to be free for lab shifts. We will use this to schedule 5 hours per week of training and lab shifts for the quarter.

6. SBC LTER offers a limited number of paid employee positions and 1-2 internship positions each summer. Is a summer job in marine science of interest to you? Do you plan to stay in Santa Barbara over the summer?

7. SBC LTER student interns are required to commit a minimum of 5 hours per week (Monday through Friday) throughout the entire quarter. Each student is given required weekly lab shifts for the quarter. Does this represent a problem for you?

8. Selected interns will be expected to attend weekly lab meetings (1 hour per week) to discuss training and current research topics. Meetings will be held on a day/time that does not conflict with student class schedules, and for this reason, may need to be held at UCSB in the evenings. Will this be a problem for you?

9. Why should we choose you over other applicants for this position?

10. Please read and sign the attached waiver of liability, which is required for all UCSB volunteers.



Elective/Voluntary Activities Waiver

Department

Class/Activity

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby** release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant	Print Name of Participant	Date	Age (if Minor)
Signature of Parent/Guardian of Participant if Minor	Print Name of Parent/Guardian of Participant if Minor	Date	
		Disk Management 110	