

Voluntary Internship Acknowledgement, Agreement and Liability Waiver

In Conjunction with Practicum Experience of Non-Stetson Students

For value received, and upon signing and submitting this Volunteer Internship Acknowledgement and Waiver, I confirm that I wish to participate at Stetson University, Inc. (“the University”) as a Volunteer Intern in contribution to the University’s goal of providing various educational opportunities and services to the students of the University and to non-Stetson students to assist with their practicum experience. I confirm and acknowledge that my services are voluntarily offered and are rendered as a University non-compensated volunteer intern to assist with the general activities and programs associated with the University and department noted below, and for the purpose of gaining practicum experience. I understand that the term of this agreement is applicable during the Semester designated below.

Stetson Dept Using Volunteer Intern Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept Supervisor, VP or Dean Requesting Intern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Volunteer/Intern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester of Volunteer Intern Services: (check one): \_\_\_\_Spring \_\_\_\_Fall \_\_\_\_Summer in Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Intern Campus Benefits:**

Your status as a University Volunteer Intern will entitle you to:

* A temporary University identification card;\*
* Access to the Hollis Center, Library & Cafeteria\*
* Reasonable use of the following Dept related equipment and materials\*(if applicable- Dept to specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\* Subject to revocation or cancellation at the sole discretion of the University)

I agree to abide by Stetson University policies and procedures, as well as all state, federal, and local laws.

I also understand that since my services at Stetson University are voluntary, either the University or I may terminate them at any time, with or without cause, regardless of any agreements in conjunction with my Practicum experience, application or contract. I understand and accept that Stetson University cannot and does not guarantee that any or all internship/practicum experience or learning goals and objectives will be achieved.

**Risk Acknowledgement:**

I understand that my Volunteer internship participation and Practicum experience, to include any travel associated with it, could involve risk of bodily injury, property damage, or death, and I accept and fully understand these risks. I acknowledge that it is the responsibility of each Volunteer to participate only in those activities of which he/she is physically capable, and understand that I may decline to do any activity at any time including those relating to travel.

**Insurance:**

I understand that as a “non-employee” and/or non-Stetson student, the University does not provide student or employee benefits such as health insurance or workers compensation coverage to volunteers, nor auto insurance for my personal vehicle, and understand that I am responsible for obtaining and sustaining my own health/medical or auto insurance coverages, as well as any related professional liability policies.

**Background Screens:** (Must be completed and approved prior to start of any Volunteer/Practicum services)

* I acknowledge that the University will conduct the same standard background investigation for volunteers as is conducted for all individuals that may have direct contact with students, and/or access to confidential information or key areas. I therefore authorize the University to conduct a background screen upon completion of the attached background information release form. The Supervising department will be assessed the background fees via Human Resources.
* I understand that if driving may be part of my assigned services as a volunteer Intern, such as transporting students or university equipment, Stetson University requires that I must maintain an acceptable driving record and valid Florida driver’s license, and I will agree to show proof of both upon signing this document. I therefore authorize the University to access my driving record should my volunteer services warrant it. If I agree to use my personal vehicle in the course of my volunteer services, I understand that my auto insurance is always primary. I also understand that the designated Department above shall complete a vehicle safety inspection form if my personal vehicle will be used for university related services and I will assist them in doing so.
* **Will Volunteer’s *assigned services* include Driving?** (transporting people/equip, sports errands) Yes\_\_\_ No\_\_\_
* Indicate all that apply to duties: Rental vehicle:\_\_\_\_\_\_ University Vehicle:\_\_\_\_\_\_ Personal Vehicle\*:\_\_\_\_\_\_\_

 \*do not check if just used to get to campus for Internship

**Emergency Medical Treatment:**

Should I become injured or ill during my Volunteer/Practicum activities, I hereby grant Stetson University full authority to obtain emergency medical services for me at their discretion, or if I am unable to; and I accept responsibility for any related costs thereof, and hereby release the University and their related staff, representatives or host organizations from liability for such decisions.

Confidentiality:

 I acknowledge, that during my voluntary services and practicum participation, I might have access to, or be exposed to confidential

 information of Stetson University which may include, but not limited to; social security numbers, addresses,

 telephone numbers, files, correspondence, health or personal information, as well as conversations, electronic records,

 emails, data bases and recordings. I acknowledge that disclosure of such information could cause irreparable harm or

 damage to Stetson University, its employees and/or students. I therefore agree that I shall keep confidential and not disclose

 any information acquired from Stetson University, its staff, students, agents, or representatives in connection with this

 agreement, services, or practicum participation. I acknowledge and agree that my obligation to maintain confidentiality does not expire and remains in effect even after my agreement for services and Practicum experience has expired.

**Liability Waiver and Indemnification:**

Furthermore, in consideration of the volunteer intern opportunity and practicum experience afforded me, with full knowledge and appreciation of the risks involved, I hereby agree to indemnify, release and hold harmless; Stetson University, Inc., its faculty, staff, trustees, officers, representatives, agents, and host organizations from all form and manner of risks inherent or relating to such activities to include any related travel, and I waive all claims and demands of any nature arising from my voluntary internship participation, practicum experience or agreement, as well as any related travel or contact with other students or practicum clients. I agree and understand that this liability waiver and indemnification will extend beyond the dates of this agreement and practicum or volunteer internship activities.

I hereby acknowledge that I have had the opportunity to review this form and have it reviewed by legal counsel if I deem necessary. I understand the foregoing and hereby agree to be bound by same.

Signature of Volunteer/Practicum Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Legal Name of Volunteer/Practicum Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

Volunteer/Practicum Intern Phone Contacts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Info:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

 Betty Whiteman / Director of Human Resources/ Stetson University (Rev. 11/13)

AUTHORIZATION FOR RELEASE OF INFORMATION

Stetson University, Inc. (“Stetson” or “the University”) is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment, volunteer services or contract services with the University depends solely upon your qualifications.

You are a candidate for employment, contracted, or voluntary internship services at Stetson University. As a standard procedure for all individuals applying for employment, contract or voluntary work that involves direct involvement with students, the University conducts appropriate background screening, including a review of a candidate’s driving record (if driving as part of your duties or services is required). As a candidate for such employment, contracted or voluntary work, we request that you complete and sign this Authorization For Release of Information Form. The form must be fully completed for the University to further consider you for employment and/or contracted or voluntary services. This information is considered confidential and will be treated as such.

Applicant/Candidate Name Social Security No.

Date of Birth Driver’s License No.

State and County of Issue

Current Home Address:

How long at this address:\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address (if at current address less than 3 years):

Position(s) Applied For

1. In order to permit a check of your work, background and educational records, should we be aware of any changes of name or assumed name that you have previously used? Yes No. If Yes, identify names and relevant dates.

1. Have you ever been convicted or found guilty of violating any federal, state or municipal law, other than a minor traffic violation? In answering this question, you are to consider all matters, regardless of whether adjudication was withheld or whether a nolo contendere plea was entered. Yes No. If Yes, give dates and explain. (Attach separate paper if necessary). Convictions will not necessarily disqualify you from employment, or volunteer/contracted services.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Candidate/Applicant’s Statement\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I certify that the information presented in my employment application with Stetson, and the statements attested to on this form, are true and complete to the best of my knowledge. I hereby authorize a background search to be done, to include my driving record if applicable; and authorize the investigation of all matters pertaining to any application for employment with Stetson that I have submitted, and thereby give Stetson permission to contact schools, previous employers, references, and others, and hereby release Stetson from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information in my application for employment or this form may remove me from further consideration for employment and contracted or volunteer internship services. In addition, if employed, any misrepresentations or omissions of facts called for in applying for employment will be cause for dismissal at any time without any previous notice.

Signature Date