Duke University Volunteer or Unpaid Internship Application

Name			Date	
Name Last	First	Mic	Idle	
Home Phone	Cell Phone		Work Phone	
Address		_City	State	Zip
Email Address			DOB	_
Emergency Contact Person	& Phone Number			
Major / Institution (for unpa	aid intern):			
State briefly why you want	to become a volunteer c	or intern for	the Duke University: _	
Agreement: I certify that all answers giver	n herein are true and comp	plete to the b	pest of my knowledge. I	authorize Duke University
to make such inquiries into lactivities as a volunteer I againformation to unauthorized phave additional legal conseque	my background as may be ree to hold confidential all ersons is prohibited and mences. The University does not proveroperty while acting as a stelled to worker's compensate University. If agree that	ne necessary I information nay result in ide insurance volunteer. I ation benefits it I will not l	for volunteer placemen in to which I may have a my dismissal from the vo- e coverage for volunteers further understand that is, health insurance benef shold Duke University, its	t. In connection with my access. Disclosure of such alunteer program and may if personally injured or it will not receive pay for fits, or any other benefits
Signature of Volunteer		_	Da	te
Signature of Parent/Legal Gua	rdian (if under age 18)	_	Da	te

Updated 04.01.14

Duke University Volunteer or Unpaid Intern Release of Liability and Waiver Claim

I,(print name of volunteer/unpaid intern)	n) understand that:	
I hereby certify that participation in this Duke program is entirely volumes discussed, and assume/accept all risks associated with and inherent		
I understand that I may be exposed to or receive an injury participal responsible for all costs associated with any exposure or injury incures ponsible for these expenses.		
As an authorized volunteer or unpaid intern, I understand that I will and I will conduct my activities accordingly. I have read and agree volunteer activities outlined in the policy, and further understand the all applicable University policies and procedures and the directions of employee overseeing my activities.	to the terms and conditions of my nat for my personal safety, I must follow	
Signature of Volunteer/Unpaid Intern	Date	
Signature of Parent/Legal Guardian (if under age 18)	 Date	
Thank you for your inter	rest!	

Please return completed application / waiver form to the Sponsoring Manager to be maintained in the Department.

Updated 04.01.14