

By signing this form, I certify that I:

- Understand that this Unpaid Internship Program does not entitle me to wages, compensation or other fringe benefits and that it does not entitle me to a job offer at the conclusion of the internship.
- Understand that I am responsible for following all rules and instructions while participating in the internship and that my failure to do so will result in an immediate end to the internship.
- Understand that Emory will not provide accident or health insurance for me and that it is my responsibility to pay for treatment of any injury or illness that may result from my participation in the internship.
- Understand that my role as an intern allows minimal work, never to include invasive procedures when in a clinical environment. Activities will be limited to minimal assistance and shadowing but could include some data collection activity.
- Understand that if my mentor directs me to do any activity that seems outside those outlined above I will contact the Assistant Dean for Research immediately (paulaa@emory.edu).

Name of Volunteer

Name of Mentor

Signature

Signature

Date

Date

Contact Information for Intern: Phone _____