



**COUNTY OF YOLO**  
**HIGH SCHOOL SUMMER INTERN PROGRAM**  
**Acknowledgement Form**

**Instructions:** Please complete this form in its entirety. Failure to complete and submit this form to Human Resources by Friday, June 18, 2010 may result in your disqualification from the program.

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**ALTERNATE CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**VOLUNTEER ACKNOWLEDGEMENT**

I, \_\_\_\_\_, understand and acknowledge:

1. I am a volunteer, donating my time, services and energies to the County of Yolo through the County of Yolo High School Summer Intern Program.
2. I will receive no salary, remuneration or benefits extended to employees of the County of Yolo.
3. I will be covered by worker's compensation insurance. Further, California worker's compensation laws provide my exclusive remedy for recovery from the County of Yolo for any injury sustained by me while participating in the summer intern program.

Student Initials: \_\_\_\_\_  
Parent Initials: \_\_\_\_\_

**PARENTAL PERMISSIONS**

My child, \_\_\_\_\_, has my permission to participate in the County of Yolo High School Intern Program. I give the County of Yolo authorization to seek immediate treatment for my child, including treatment by a licensed physician, in the event of a medical emergency. I also agree to be financially responsible for all expenses associated with providing medical care for my child.

**My initials and signature on this document also allows the County of Yolo to use photographs, voice, and/or video of my child for public relations purposes.** Parent Initials: \_\_\_\_\_

**SIGNATURES**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PARENT/  
LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parental/legal guardian consent required for minor's participation.)