



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 15, 2012 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.)