

## **Unpaid Internship or Volunteer Opportunity Agreement**

I, the undersigned, will be interning or volunteering my services in the role of \_\_\_\_\_\_ in the Department of \_\_\_\_\_\_ at George Washington University. This assignment is expected to exist from \_\_\_\_\_\_ to \_\_\_\_\_ I acknowledge that I am freely offering my services as a volunteer and not an employee of the university and with no expectation of compensation or benefits for my services, and that I do not have any expectation of future employment with the university. The factors that govern this determination are covered in the <u>Unpaid Internship and Volunteer Policy</u>. I understand that in my internship or volunteer activity that even in the safest conditions there is a risk of injury, illness, damage and loss. Special risk may also exist from my participation in laboratory work.

I understand as an unpaid intern/volunteer, I am prohibited from:

- Driving a GW vehicle
- Working with infectious or potentially infectious agents or hazardous materials or in environments that may place me at increased risk for physical harm
- Entering into any contract or agreement on behalf of the university
- Representing myself as a university employee
- Any activity considered inappropriate for a university employee

As an intern or volunteer, I agree to adhere to the confidentiality policies that govern information acquired through my activities. This information may include, but is not limited to, student, faculty and staff personnel, financial or academic records; faculty teaching and research; and, University business information and internal communications, which includes conversations related to office and/or University operations. This may include technical information, patentable inventions, trade secrets as well as information about trademarks and/or copyrights. I understand that both I am obligated to protect the confidentiality of this information, and that I may not reproduce, disseminate or disclose its contents to any third party in any way.

I understand the expectation to abide by all rules, regulations, policies, procedures, practices and instructions of the university. These include those related to employee conduct (sexual assault, unlawful discrimination and harassment, compliance, and workplace violence), substance abuse, treatment of confidential information, use of university technologies, and financial responsibility.

In consideration of the opportunity to intern or volunteer, I understand that George Washington University does not assume any responsibility for actions, including but not limited to, its trustees, officers, and employees, from any and all claims, costs, liabilities, expenses and judgments whatsoever including attorney's fees and court costs, arising out of my performance of services.

This agreement shall continue in effect indefinitely unless terminated or modified with the written consent of the university. Your internship is contingent upon the satisfactory outcome of a required background screening.

Signature of Unpaid Intern/Volunteer	Date	Signature of Parent/Guardian if under age 18
Signature of Sponsoring Manager	Date	Printed Name
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