



Onondaga Community College Volunteer/Intern Consent Form

This form must be completed by any individual agreeing to participate in an unpaid internship or other volunteer opportunity at Onondaga Community College. ***THIS FORM MUST BE SUBMITTED TO HUMAN RESOURCES, JSC100, BY COMMENCEMENT OF ASSIGNMENT.***

By signing below, I agree to participate in the listed activity below without payment of wages. I understand that appropriate supervision will be provided. I agree to accept full responsibility and hold harmless Onondaga Community College, its Board of Trustees, officers, employees, agents, directors, volunteers, and successors, of any judgments arising out of my participation in volunteer/intern activities.

Further, I acknowledge that my activities may be terminated without notice by either myself or Onondaga Community College. Unpaid interns and other volunteers are expected to abide by all rules and procedures, including confidentiality (FERPA) and non-discrimination requirements. Further, I understand that I may have personal liability for intentional misdeeds, for grossly negligent or reckless conduct, for acts occurring outside of the scope of my authorized duties, or for criminal conduct.

Volunteer:

Signature Printed Name Date

Address of Volunteer: _____
Street Address

City, State, Zip

Telephone numbers: Home: _____ Work: _____

Name of Program or Activity: _____

Location of Activity: _____

Start date: _____ Expected end date: _____

Department Representative or Supervisor: _____
Signature Date

Vice President: _____
Signature Date