

Non-Paid Intern Service Form

To process a non-paid intern for Board approval, please have the applicant bring to Human Resources a **completed** and **signed** Non-Paid Intern Service Form and Waiver Agreement. The forms will be required in order to obtain the fingerprinting form, TB test and bloodborne pathogens (Hepatitis B) information, if applicable. The cost for the fingerprinting and TB testing is borne by the intern. Intern must be enrolled in an academic program requiring internship hours. **Interns are not to perform any service to the District before they are appointed by the Board of Trustees.**

Proposed Dates of Service (Fiscal year in between the 1st of July – the 30th of June only)

Starting on _____ and ending on _____

To be completed by Intern:

(Please use your legal name as it appears on your social security card. You must provide all information requested below.)

Intern's Name (print): _____
Last First Middle

Address: _____
Street Apt/Unit/Suite

_____ City State Zip Code

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Are you a student at Rancho Santiago Community College District? No Yes
 If yes, what is your student ID#? _____

Are you employed by Rancho Santiago Community College District? No Yes
 If yes, what is your datatel ID#? _____ Work Site: _____

Job Title: _____

Department: _____

To be completed by RSCCD employee supervising the Intern

Supervisor's Name (print): _____ Extension: _____

Job Title: _____

Department: _____ Site: _____

Intern's Position Title: _____ Site: _____

College Affiliation: _____ Discipline: _____

Is intern enrolled in an academic program requiring internship hours? No Yes

Signature (of approval): _____ Date: _____

To be completed by Area Program Administrator

Administrator's Name (print): _____	Extension: _____
Job Title: _____	
Department: _____	Site: _____
Signature (of approval): _____	Date: _____

Non-Paid Intern Waiver Agreement

I, the undersigned, hereby acknowledge that any activities engaged in or work performed for the Rancho Santiago Community College District (RSCCD) are entirely on an intern basis and are performed with no anticipation of financial remuneration, fringe benefits, insurance or any other kind of compensation benefits, except that each intern will be covered for workers' compensation benefits. Such workers' compensation benefits provided by the Labor Code of the State of California shall be my sole and exclusive remedy for any and all such injuries, illnesses or diseases. This election of remedy shall be binding on me, my heirs, personal representatives, and assigns. It is further understood that any activity or work undertaken within will be performed only upon special assignment and only under direct supervision by authorized Rancho Santiago Community College District personnel.

I, the undersigned, hereby agree to abide by all safety precautions (whether written or verbal) and agree to waive, release and hold harmless the Rancho Santiago Community College District for any and all actions, claims or causes of action for bodily injury, personal injury, property damage or wrongful death, arising out of the course and scope of my internship service.

I, the undersigned, further acknowledge that any personal participation in activities is a privilege extended to me by Rancho Santiago Community College District and may be revoked at any time.

Intern's Name (please print): _____
(As it appears on your social security card)

Intern's Signature: _____ Date: _____

*****For Human Resources Use Only*****

1) Intern Services Requirements:

- a. Request for Live Scan Service *(receipt)* _____
- b. Tuberculin Clearance _____
- c. Bloodborne Pathogens
(Hepatitis B Vaccination/Declination – *if applicable*) _____

2) Date of Board Approval: _____

3) Datatel #: _____

4) Approval from the Assistant Vice-Chancellor of Human Resources

Signature (of approval)

Date