



WARREN COUNTY INTERN REGISTRATION FORM (Page 1 of 2)

Department Completes:

Department: _____

Intern will report to: _____

Responsibilities: _____

Anticipated Start Date _____ Anticipated End Date _____

Anticipated Days/Hours _____

Is this a paid internship? YES NO Funding Source: _____

Intern Applicant Completes:

Name: _____

Address: _____

Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Name of Institution: _____ # of Credits (if applicable): ____

Can you perform the required duties with or without reasonable accommodation? Warren County is an equal opportunity/affirmative action employer. If necessary, please explain.

Have you ever been convicted of any crime (felony or misdemeanor), accused of sexual abuse or similar miss-conduct? Yes ___ No ___ If yes, please explain. (Note: This will not automatically bar you from the position as each case is considered on its merits.)

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By signing below, the Intern Applicant acknowledges the following:

- Intern has received a copy of the Warren County Intern Policy and Procedure, and agrees to adhere to the standards contained therein while serving in the capacity of an Intern.
- Interns must conduct themselves to protect the interest and safety of all other interns, staff and the County.
- Interns are an additional insured on the County's liability policy while they are within the scope of their services.
- The County does not carry health, medical, or disability insurance for any intern. However, very limited medical expense reimbursement may be available per Local Law No. 4 of 2005.
- Warren County does not provide automobile insurance for any intern utilizing a private automobile during their service.
- Interns must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and strengthen public confidence in Warren County activities.
- The Intern understands that the activities include work that may be hazardous and releases Warren County from all liability for injury, illness, death, or property damage arising out of or resulting from the Intern's activities.
- Intern acknowledges that a background check may be done and agrees to provide additional information as requested by Warren County to complete the background check.
- Intern's assignment or activities for Warren County may be terminated by Warren County at any time for any reason.

Intern Applicant Signature _____ Date _____

Legal Guardian Signature (if under 18) _____ Date _____

Intern Applicant date of birth (if under 18) _____

To be completed by Department Head:

Intern Approved? Yes No

Department Head Signature: _____ Date: _____

To be completed by County Administrator:

Intern Approved? Yes No

County Administrator Signature: _____ Date: _____