

**Student/ Intern/Volunteer Agreement**

**Purpose:**

We enter into this agreement with the purpose of delineating the responsibilities of those parties involved in the department, student, intern, or volunteer relationship. The student, intern, or volunteer and supervising staff member share responsibilities in furthering the effectiveness of this relationship.

**Student/Intern/Volunteer: I agree to**

1. Become thoroughly familiar with the department’s policies and procedures, both written and verbal.
2. Become familiar with the organizational structure and services of the department.
3. Attend orientations and training sessions as scheduled and to undertake continuing education when provided by the department to maintain continuing competence.
4. Be prompt and reliable in reporting for scheduled work and to provide the department with an accurate record of hours.
5. Maintain regular communication with supervisors and agree to work a specified number of hours each month on a regularly scheduled basis.
6. Accept a supplementary and complimentary role with the department staff member responsible for supervision.
7. Respect the principle of confidentiality and follow the same ethical standards expected of **all** staff members.
8. Contribute to evaluation by honest appraisal of the assignment.
9. Serve with faithfulness and continuity, listening for and reporting new insights and problems concerning assignments.
10. Notify the supervising staff member if I am unable to work as scheduled and to provide advanced notice of resignation.
11. Not receive any compensation for my student or volunteer services, now or in the future. Some interns may receive stipends.
12. Not act as an official spokesperson or representative for the department.

Student/Intern/Volunteer: Date:

**Supervisor: I agree to**

1. Have contact with the student/intern/volunteer at regular intervals, to remain accessible to the student/intern/volunteer and to maintain a direct supervisory role, to include open and clear communication and trust, and to assist in carrying out his/her responsibilities as possible and reasonable
2. Offer training appropriate to the nature and degree of difficulty of the student/intern/volunteer and to continue that training to whatever extent is necessary to maintain continuing competence on the part of the student/intern/volunteer.
3. Provide feedback to the student/intern/volunteer at regular intervals and complete an evaluation at the end of the assignment.

**Supervisor:**  Date:

**Confidentiality Agreement**

I agree to refrain from repeating, copying, or revealing, to any outside source, any confidential information learned while I am a student/intern/volunteer with the Guilford County Health Department of Public Health. I realize that it is privileged information and is not to be shared with anyone other than a current employee of Guilford County, and only in an official capacity. I also give Guilford County Department of Public Health permission to reproduce pictures or news articles pertaining to my service in the agency, as long as it is not a confidential matter. I understand that I am obligated to report to a Supervisor any information which may affect records or operations in the area to which I have been assigned. I further understand that I am obligated to report any solicitation for confidential information that is not official.

Initials \_\_\_\_\_\_\_\_\_

**Consent to Seek Medical Care**

I authorize the Department to seek emergency medical care, on my behalf, as needed. I understand and agree to allow the Department to use their best judgment, in the event that medical assistance is needed. It is also understood and agreed that the staff and the Department of Public Health will be held harmless for any and all results of the staff’s efforts to obtain emergency medical treatment including any accident or injury while being transported.

Initials \_\_\_\_\_\_\_\_\_\_

**Consent to be Transported**

It is understood and agreed that the staff and the Department of Guilford County will be held harmless in any accident or injury to the student/intern/volunteer while participating in program activities and while being transported to and from activities.

Initials \_\_\_\_\_\_\_\_\_\_\_

**Accidents and Injuries**

I understand and agree that the Health Department, Guilford County and staff will be held harmless in any accident or injury to me while I participate in program activities as a student/intern/volunteer. Furthermore, I verify that I have health and accident insurance as required by my placement with Guilford County.

**Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Initials \_\_\_\_\_\_\_\_\_\_\_

**Safety Orientation**

I have received orientation about the safety/health hazards I may encounter while performing my work responsibilities. If I have questions or concerns about these hazards, I understand that I can discuss them with my supervisor.

Signature of Student/Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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**Immunization Categories**

**Category A**

-**All staff, students, and volunteers must have a screening for Tuberculosis (PPD).**

**Category B**

**All staff, students, and volunteers** **must show immunity to:**

-**Measles (Red)**

**-Mumps**

**-Rubella (German Measles)**

**-Varicella**

**-Flu vaccine (during flu season, if required for staff)**

**Category C**

All staff, students, and volunteers in this category have the potential for exposure to blood/body fluids. They must be offered the **Hepatitis B** vaccine but may decline.

This category includes:

- Nurse specialist positions (RN and LPN)

- Nurse supervisor/consultant positions

- Physician/physician extender positions (nurse practitioner, physician assistant)

- Medical laboratory technologist/technician/manager/supervisor positions

- Public health/STD investigator/outreach positions

- Dental assistant/hygienist positions

- Dentists

- Nurse aide/assistant; medical assistant positions

- WIC nutritionist positions that require doing finger sticks

- Other identified positions which potentially include exposure to blood/body fluids

Rev 2/2016

Reviewed 4/2018; 6/2019; 6/2020