



**COUNTY OF SAN BERNARDINO  
HEALTH & HUMAN SERVICES  
VOLUNTEER INVOLVEMENT PROGRAM**

**VOLUNTEER/UNPAID STUDENT INTERN AGREEMENT**

1. I understand that I will not be paid for providing service as a volunteer/student intern.
2. I agree not to divulge any information obtained in the course of volunteer/student intern work to unauthorized persons and not to publish any information regarding persons who receive services. I understand unauthorized release of confidential information may make me subject to a civil action under the provisions of the Welfare and Institutions Code.
3. If I am injured while performing as a volunteer/student intern, I must immediately report the injury to my supervisor.
4. I understand as a volunteer/student intern I will be covered through the County's self-insurance program for public liability losses while performing volunteer/student intern work.
5. I understand as a volunteer I shall be deemed an employee of the County for Worker's Compensation purposes only while performing volunteer work, unless I am an unpaid student intern from an accredited college or university.
6. I understand that I must have a valid California Driver's License and carry the State's minimum vehicle liability and property damage insurance for my personal vehicle if my volunteer/student intern services involve travel on County business. I also understand that I will be expected to attend a driver's awareness class that is provided by the County of San Bernardino.
7. I understand that under no circumstances should I transport a client in my personal vehicle.
8. I understand that serving as a volunteer/student intern for a Health & Human Services department, I am a mandated reporter of Elder and Dependent Adult Abuse and I am required to sign a statement of compliance with Welfare and Institutions Code 15630.
9. I understand that serving as a volunteer/student intern for a Health & Human Services department, I am a mandated reporter of Child Abuse and I am required to sign a statement of compliance with Penal Code 11166.
10. I agree to follow all County policies and practices regarding conduct and ethics, which apply to County employees.
11. I understand I am an at-will volunteer/student intern and my services may be terminated at any time without cause and without right to appeal.

**I have read this agreement. I understand and agree to abide by all terms listed above.**

\_\_\_\_\_ **Volunteer/Unpaid Student Intern Name (Print and Sign)** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Supervisor Name (Print and Sign)** \_\_\_\_\_ **Date**