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**GEORGIA DEPARTMENT OF NATURAL RESOURCES**

INTERNSHIP PROGRAM PARTICIPATION ACKNOWLEDGEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am a student at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am working on an undergraduate/graduate/other degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I desire to enter an Internship Program with DNR. I understand the sole purpose of said program is to expose me to the daily operations of DNR, thereby furthering my education.

As a condition of my participation in this program, I now execute this agreement and make the following acknowledgements:

I acknowledge that my participation in this program is completely voluntary and that; (check one)

I am entitled to remuneration or pay of any type for said participation.

I am not entitled to remuneration or pay of any type for said participation.

I further acknowledge that my participation in this program, if unpaid, does not give rise to an employee-employer relationship entitling me to coverage under the *Workers’ Compensation Act*, Georgia Laws 1920, p. 167 (O.C.G.A. 34-9-1 et seq.).

I acknowledge that Human Resources Standard Operating Procedures are located on the DNR Intranet in the Human Resources Section titled Standard Operating Procedures. As an intern, I also acknowledge that the following HR SOPs are applicable to me and I have read them and understand them:

* **#**401, *Employee Conduct*;
* #404, *Appropriate Use of Information Technology Resources*; and
* #505, *Harassment*.

I acknowledge and agree that the State of Georgia, DNR and the employees thereof cannot be held liable for any accident or injury suffered by the undersigned arising out of, or during the course of, this program.

I voluntarily assume the risk of all injuries that might occur as a result of the training to be provided by individual members of DNR.

I agree to make no claim against the State of Georgia, DNR, or any employees thereof, for any physical or mental impairment arising out of, and during the course of, my participation in this program.

I agree to treat all matters within DNR as confidential and agree not to discuss the daily operations, which I am allowed to observe, with anyone outside DNR other than my Academic Advisor.

I agree to provide evidence of my age prior to beginning this Internship Program, and should that evidence indicate that I am below the age of 18 years, agree to obtain the consent of my parents to participate in the program under the conditions herein described.

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Parent’s Signature, if Student under Age 18

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Student’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name (Type or Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code