

VOLUNTEER OR INTERNSHIP REQUEST FORM

Release and Hold Harmless Agreement

Date:				
Failure to do so	o will result in the	•	2) Superviso	I in order to be processed or accepted. or must verify the identification provided. O for approval.
(Please check one	e) Volunteer \Box	Student Intern \Box	Student	ID#
Phone Numbe	r:	Add	dress:	
I will work (Plea	ase check one)	Less than 10 hours a v	week \square	10 or more hours a week
(Please check one	e) Belle (Glade Campus 🗆	Boca Rate	on Campus 🗆
	Lake V	Vorth Campus 🗆	PBG Can	npus 🗆
department as	a (position <i>titl</i> e	e)		date:
understand I w have access to	vill receive no wa o sensitive info	ages or compensation o	f any kind fr keep all inf	rices for the period shown above and rom the College. I understand that I may formation strictly confidential. I further
name)	In return, I here and its officers, e mages, fines, pe rney's fees for to ected, directly co oyees, agents or	in considerath in con	ion of partic promise to hervants from s, suits, pro f any kind c act or omiss growing ou	voluntarily given and executed by (print cipation as a volunteer with Palm Beach hold harmless and indemnify Palm Beach in and against any and all liability, claims, occedings, actions and cost of actions, or nature arising or growing out of or in ion of Palm Beach State College and its t of or in any way connected directly or ted above.
Name (Print):		Supe	rvisor name	:: (Print)
Signature:	gnature: Supervisor Signature:			
Date:		Date	:	