

Drexel Volunteer/Unpaid Intern Assignment Description Form

■Academy of Natural Sciences

For Volunteers, Volunteer Faculty & Unpaid Interns Only

Drexel University

PERSONAL INFORM	ATION Comple	ted by Volunteer/Unpaid Inte	rn					
First Name			Last Name					
SSN or University ID			Phone Nun	nber				
Date of Birth			Email Addr	ess				
Home Address								
City			State			Zip		
Gender		Marital Status			Race			
Emergency Contact Na	ame		En	nergency Co	ontact Phone			
Are you authorized to	work in the US?		Citizenship	Status				
Are you 18 years of age or older?			If no, complete Parental Consent form					
University for my services, and that I am not eligible for benefits, including Worker's Compensation Insurance, through Drexel University. I have read and agree to the terms of the volunteer/unpaid intern agreement. Signature Date Are you currently an employee or student of Drexel University or the Academy of Natural Sciences? No VOLUNTEER/UNPAID INTERN QUESTIONNAIRE Completed by Supervisor								
1. Will the volunteer/intern displace any regular employees? If there are more than one volunteer/intern please indicate how many.								
2. Describe who will supervise the intern/volunteer and the level of supervision from minimal to constant.								
3. Does the department derive any immediate advantage from the activities of the intern/volunteer?								
4. Is there any expectation from the intern/volunteer that they will be hired by the department at the conclusion of the internship?								

assignment?	stand and is in agreement th	at ne/sne is not entitle	d to wages for the internship/volunteer				
For Unpaid Interns Only:							
in nature but should constitute the	application of material that is	s taught in the classro	perience? The interns work can be operational om. Describe the duties and how they relate to ogram and if the intern receives academic credit				
Describe how the internship will be operation such as skills and experies			ning benefit the intern beyond the departments fter the internship is concluded?				
ASSIGNMENT DESCRIPTION							
Setting		Туре					
Dept Name & Org No.		Dept Contact					
Will this individual have regular or rout If you have questions about this, please							
Assignment Start Date	End Date		Hours Per Week				
Assignment Summary & Essential Fu	nctions						
APPROVALS							
Supervisor		Signature & Date					
Compensation		Signature & Date					
TAS		Signature & Date	Signature & Date				
Background Consent form receive	4						