

**New Jersey Department of Health  
Human Resources Management Program  
P.O. Box 360  
Trenton, NJ 08625-0360**

**VOLUNTEER/INTERN/FELLOW AGREEMENT**

As a volunteer/intern/Fellow with the New Jersey Department of Health, I certify that I am 18 years of age or older, and that I understand and agree to the following conditions:

1. All information which I obtain during this assignment concerning clients of the Department, cases, personnel and any other issues directly related to the Department or any matter being handled by the Department is strictly confidential and may not be discussed with, or otherwise transmitted to, persons outside the Department. My work assignments and responsibilities will be only those assigned by my designated supervisors. I will at all times identify myself as a volunteer/intern/Fellow in any work related contacts. I understand that my association with the New Jersey Department of Health is at the discretion of the Department. All reports and papers generated will be the property of the Department. Use of this material outside of the Department will require approval by an authorized Department representative.
  
2. I understand that the New Jersey Department of Health assumes no risk of loss or damage to property or injury to or death of any persons, including but not limited to myself, arising out of or in connection with this assignment, and that I hereby agree that the Department shall not be liable for any and all claims, judgments, awards, losses, damages or injury arising out of or in connection with this volunteer program/ internship/ fellowship.

Name (Print)	Status <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Fellow
Signature	Date
Name of Witness	
Signature	Date

Copies to: Human Resources Services  
Division  
Individual