

9. Statement of understanding of the conditions of the Internship

I understand that, should I be accepted as an intern at the Westmoreland County Department of Public Safety (WCDPS), the following conditions will apply:

a) Status: Although not considered a WCDPS staff member, I shall be subject to the authority of the Director and the authority delegated by him to the Chiefs and staff of the Department. I understand that I am not entitled to the privileges and benefits that are provided to its officials and staff member employees.

b) Financial Support: I shall not be paid by the WCDPS and must make my own arrangements for living expenses. Travel costs to and from the 9-1-1 Emergency Operations Center or other County facility and living accommodation are also my own responsibility or those of the sponsoring institution.

c) Medical Health and Life Coverage: WCDPS accepts no responsibility for costs or fatality arising from illness or accidents incurred during the internship; therefore, I must carry adequate and regular medical and life insurance. I will be covered by the following health and life insurance during the internship period (your application will not be processed unless you provide this information!).

Medical:

Life:

d) Drivers License: I am responsible for obtaining a necessary drivers license. The WCDPS will issue only one identification credential and a letter stating acceptance of an individual as an intern and the conditions governing the internship.

e) Confidentiality and Publication of Information: As an intern, I will respect the confidentiality of information that I collect or am exposed to at WCDPS. No reports or papers may be published based on information obtained from the WCDPS.

f) Employment Prospects: The WCDPS Internship Program is not connected with employment and there is no expectancy of such. Interns cannot apply for posts advertised internally to WCDPS staff during the period of internship.

Signed: _____ Date: _____