CITY OF FORT LAUDERDALE, FLORIDA
UNPAID INTERNSHIP PARTICIPATION AGREEMENT FORM

By my below signature, I expressly acknowledge and understand that the internship I am entering into with the City of Fort Lauderdale is an unpaid volunteer working relationship, that the City has no obligation to pay me, and that I will not be paid for the time that I am donating to the City.

I also acknowledge that my internship service to the City is made of my own free will, as a voluntary act, and that I was under no duress and no one coerced me to volunteer my time to the City as an intern. Further, I understand that the City may terminate my unpaid internship at any time if I fail to adhere to the intern program's guidelines or applicable City policies regarding my conduct and standards of behavior.

NAME: _____

(Print)

SIGNATURE:_____ DATE:_____

WITNESS NAME:_____

(Print)

WITNESS SIGNATURE:_____ DATE:_____