Student Internship Acknowledgment

Please indicate by signing below that you acknowledge, understand and agree with the following:

- This internship is for my benefit and not the benefit of Baptist Health Care Corporation ("BHC".)
- I will not be paid for this internship, as the internship is solely for my educational learning experience.
- I will not perform any routine work of the organization on a regular and recurring basis, and I understand that the organization is not dependent upon any services I may perform.
- If I am currently employed by BHC, I affirm and agree that the services I will perform for my internship are not the same type of services as those for which I am employed by BHC.
- This internship will provide me with skills that I can use in multiple employment settings and not just skills that are pertinent to employment at BHC.
- I will not displace regular BHC employees. Instead, I will work under the close supervision of my internship supervisor.
- BHC will derive no immediate advantage from the activities of my internship and on occasion its operations may actually be impeded.
- There is no promise of permanent, paid employment with BHC conditioned upon completion of this internship.
- I will participate in all approved activities structured by the internship supervisor. I will communicate with the internship supervisor throughout the internship experience, especially if concerns or problems need to be addressed. I will cooperate with my internship supervisor; engage in the program as a learning experience; observe business etiquette; and abide by safety rules.
- I will comply with the policies and procedures of BHC, including the dress and behavior policies/standards and all privacy and confidentiality rules.
- I will demonstrate honesty, punctuality, respect, courtesy, cooperative attitude, and a willingness to learn both in the training classes and at the internship site.

Student Signature

Date

Internship Supervisor Signature

Date