

**OFFICE:**

**INTERNSHIP START:**

**INTERNSHIP END:**

**Volunteer/Intern Information**

Full Name				
Address	Street	City	State	Zip

**Contact Information (Personal and Emergency)**

( ) Home Phone	( ) Cell Phone	Email	
Emergency Contact	Name	Relationship	Cell Phone

**Academic Information**

University	
Field of Study/Anticipated Graduation Year	

**City Placement**

City of New Orleans Placement	
City of New Orleans Supervisor and title Phone, Email	
Interns anticipated number of hours to work per week	

**HOLD HARMLESS AND LIABILITY AGREEMENT FOR VIGOR VOLUNTEERS**

I, \_\_\_\_\_ (print name), am volunteering with the City of New Orleans ("City") for the following event and/or office: \_\_\_\_\_ at \_\_\_\_\_ (location) on or from \_\_\_\_\_ (date(s)). As a volunteer, I understand that I will not be paid for my services nor will I be considered an employee or agent of the City of New Orleans ("City"). I understand that I am covered by the City's Accident and Death Insurance for Volunteers in Government of Responsibility ("VIGOR") Volunteers for these volunteer services. I will not be eligible for the City's worker's compensation insurance program nor its unemployment or health insurance benefits programs. I will act only in the capacity to which I have been trained and/or in the duty assignment I have been provided by the VIGOR coordinator or trained City employees. If I have specialized training not related to my volunteer activities, and choose to use this unrelated training while on duty as a volunteer, I recognize that the City is not responsible for my actions. Notwithstanding the foregoing, I will perform all my duties with prudence and diligence and in a responsible manner. I further understand that the City will not hold me responsible for any damage I may cause to City property or to the third parties or their property as a result of my assistance. I agree that I shall be liable for any intentional wrongful acts or gross negligence I commit while serving as a volunteer. The City will not be held responsible for any criminal acts that I may commit while volunteering. I also understand that any sponsoring organizations associated with the volunteer activity are not affiliated with the City of New Orleans and are not City departments, agencies, boards, commissions, or City non-profit 501 (c ) (3) organizations.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Date

**TO BE COMPLETED BY CITY EMPLOYEE:**

\_\_\_\_\_  
Received by (Print name)

\_\_\_\_\_  
Date