

Acknowledgment

Steps For Filling Out the Form:

1. Print entire form
2. Fill in the blanks
3. Include any necessary attachments
4. Mail, fax or call

As a Student Intern placed with the Bucks County Adult Probation and Parole Department, I understand and agree to comply with the following:

- a) I will not receive any compensation from the County of Bucks.
- (b) I will follow the directions of my supervising officer, and will otherwise abide by applicable policies and procedures of the County of Bucks and the Bucks County Adult Probation and Parole Department.
- (c) The County of Bucks, its agents and employees owe me no greater duty than to any other member of the public. I release and hold harmless the County of Bucks, its agencies and employees, from liability for any harm, injury or damage to me or my property arising from my participation as an intern.
- (d) I will abide by the policies and procedures of the Bucks County Adult Probation and Parole Department regarding confidentiality.

Student's Signature: _____

Student's Printed Name: _____

Date: _____

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