



EXTERNSHIP OR INTERNSHIP AGREEMENT

If accepted into the externship or internship program, I agree to the following:

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients and staff and not seek to obtain confidential information from a patient.
2. Abide by the organization's policies and procedures and uphold its philosophy and standards.
3. Donate my services to the organization without contemplation of compensation or future employment. Serve without payment of wages or other benefits including workers compensation, TDI, and health insurance.
4. Be punctual and conscientious, conduct myself with dignity, courtesy in consideration with others, and endeavor to make my assistance professional in quality, mindful that the way I perform my duties is not only a reflection on me but also a reflection on the organization. Exercise good judgement at all times.
5. Attend orientation and in service training as scheduled.
6. Carry out assignments and seek the assistance of the supervisor when necessary.
7. Take any problems, criticisms or suggestions to my service area supervisor, including anything that I believe may pose a safety or security risk to myself or others.
8. Intern for a specified number of hours on a schedule acceptable to both myself and the organization.
9. Notify the Department Manager if I am unable to come in to work as scheduled or if I am no longer able to continue my services as an intern.
10. Comply with the Corporate Compliance Program as summarized in the orientation.



11. I understand that the Queen's Health Systems reserves the right to terminate my externship or internship status at any time as a result of any of the following:
- a. Failure to comply with organizational policies, rules, and regulations.
 - b. Absences without prior notification
 - c. Unsatisfactory attitude, work, or appearance
 - d. Misrepresentation or untruthfulness relating to my background
 - e. Any other circumstances, which in the judgement of the department manager would make my continued service as an intern contrary to the best interests of the organization
 - f. Non-completion of annual TB Clearance

We take pride in all that we do at The Queen's Health Systems and hope you understand the need for this important agreement. We thank you for your commitment.

I have read each of the above conditions and I understand and agree to be bound by them.

Full Name (printed)

Signature (electronic acceptable)

Date