

THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL
STUDENT VOLUNTEER SERVICE AGREEMENT

Section I - Assignment Data

1. Student's Name:
2. Educational Institution:
3. Academic Level:
4. Center/Lab:
5. Start and End Date:

Section II - Educational Institution Agreement

I certify that _____ is a student in good standing. The duties to be performed and scheduled hours of work are approved as appropriate for the course of study or training that he/she is pursuing. The student will not be given credit (academic or other) for the work assignment.

I understand that the student is not replacing a paid employee position and that this experience should benefit the student's long term career.

Signature of Supervisor

Date

Title

Section III - Volunteer Student Agreement

I understand that:

I will NOT receive pay or other compensation for services rendered;

I am to conduct myself with honesty and integrity in the performance of my duties;

This agreement may be terminated at any time by myself, or the Research Institute at Nationwide Children's Hospital.

Signature of Student

Date