



**VOLUNTEER ENGAGEMENT
ACKNOWLEDGEMENT OF UNPAID INTERN HANDBOOK**

I have received a copy of the Unpaid Intern Handbook. I agree to follow and abide by all the procedures, rules and policies that it contains.

I understand that the Unpaid Intern Handbook is intended to cover the procedures, rules and policies most often applied to day-to-day activities. These policies are subject to change at the discretion of WellSpan Health. From time to time, I may receive updated information concerning changes. I am aware that I may ask questions about procedures, rules and policies.

Unpaid Intern Name (printed): _____

Unpaid Intern Signature: _____

Date: _____