# Animal Rescue League of Berks County

58 Kennel Road, Birdsboro, PA 19508
610-373-8830

## INTERNSHIP REQUEST & AGREEMENT FORM

**Request Date:** _____

## Placement Site / School Information

**School / Company / Organization Name:**
_____
**Address:** _____

**Placement Contact Person:**
Name: _____
Title: _____
Phone: _____
Email: _____

## Student / Intern Information

**Name:** _____
**Date of Birth:** _____
**Phone:** _____
**Email:** _____

*If student is under 18 years of age, a parent or guardian must sign all required ARL agreements prior to participation.*

## Internship Details

Please note: As a non-profit animal welfare organization, ARL has limited capacity for continuous direct oversight. Successful interns are typically self-motivated, responsible, and able to work independently.

An interview will be required prior to acceptance.

**Preferred Start Date:** _____
**Preferred End Date:** _____
**Hours per Week:** _____

**Availability (days/times):**

_____
_____
_____
_____
_____
_____
_____

**Reliable transportation to/from ARL?** Yes / No

**Reason for internship (experience, school credit, etc.):**

_____

_____

# INTERNSHIP AGREEMENT

## A. Confidentiality (Non-Disclosure)

I understand that I may have access to confidential information including, but not limited to, donor records, animal histories, medical information, and organizational operations. I agree to keep all such information strictly confidential during and after my internship and will not disclose or use it for any purpose outside of authorized ARL activities.

I agree to return all ARL materials upon completion of my internship.

## B. Conflict of Interest

I agree not to use my role for personal or financial gain and will disclose any potential conflicts of interest.

## C. Media Release

I grant permission for ARL to use my likeness in photos or videos for promotional purposes without compensation.

## D. Liability & Assumption of Risk

I understand that working with animals carries inherent risks, including bites, scratches, or injury. I voluntarily assume all risks and release ARL from liability for any injury, loss, or damage incurred during my participation.

I acknowledge:

- I am encouraged to have a current tetanus vaccination
- I will disclose any relevant medical conditions to staff
- I may be required to provide medical clearance if necessary

## E. Volunteer / Internship Expectations

As an intern, I agree to:

- Follow all ARL policies and procedures
- Accept supervision and feedback
- Communicate with staff regarding schedule or concerns
- Maintain professionalism, including on social media
- Notify staff if discontinuing participation

I understand my participation may be terminated at any time at ARL's discretion.

## F. Social Media

I understand that my online activity may reflect on ARL and agree to represent the organization responsibly.

## ACKNOWLEDGEMENT

I certify that all information provided is accurate. I understand that failure to follow this agreement may result in termination.

## SIGNATURES

**Intern Signature:** _____ Date: _____

**Printed Name:** _____

**Parent/Guardian (if under 18):** _____ Date: _____

**Printed Name:** _____

**Emergency Contact Name and Cell phone:** _____

**Placement Representative:** _____ Date: _____

**Printed Name:** _____

**ARL Representative:** _____ Date: _____

**Printed Name:** _____

Thank you for your interest in the Animal Rescue League of Berks County Internship Program!

## FOR INTERNAL USE ONLY

Interview Completed: Yes / No | Date: _____
Organization Approval: Yes / No | Date: _____
Placement Approval: Yes / No | Date: _____

Notes: