

TOWN OF WAPPINGER

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590 <u>WWW.TOWNOFWAPPINGER.US</u> (845) 297-4158 – Main (845) 297-4558 – Fax (845)297-2744 Supervisor

<u>Volunteer/Intern FILE COPY</u>

VOLUNTEER/INTERN ACKNOWLEDGMENT FORM

The Volunteer/Intern Policy, a copy of which I acknowledge has been provided to me, describes important information about the Town of Wappinger policies, and I understand that I should consult the Town Supervisor or his/her designee regarding any questions I may have.

Since the information and policies described here are necessarily subject to change, I acknowledge that revisions to the Policy may occur without prior notice to me. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Town of Wappinger Board has the ability to adopt any revisions to the policies.

I acknowledge that this Policy is neither a contract of employment nor a legal document.

I have received the Policy, and I understand that it is my responsibility to read and comply with the policies and any revisions made to it, and a copy of this acknowledgment will be placed in my volunteer/intern file.

NAME (print)

VOLUNTEER/INTERN

SIGNATURE: _____

DATE: _____

TOWN OF WAPPNGER USE:	
Signature:	
Department:	Title: