

TRAINEE NOTICE, ACKNOWLEDGMENT AND AGREEMENT FORM

The New York State Department of Labor requires Pace University to notify you that as a trainee at the University (a) you are not entitled to and will not receive wages, and (b) you are not considered to be an employee for purpose of the minimum wage law.

BY MY SIGNATURE BELOW,

I acknowledge that I may acquire non-public confidential and/or proprietary information during my association with Pace University (the "University") and agree to maintain it as confidential during and after my association with the University.

I acknowledge that I am bound by the University's applicable practices and policies, including, without limitation, the University's policy prohibiting discrimination and harassment.

I acknowledge and agree that (a) I am undertaking this trainee experience for my own academic and professional benefit, (b) as a trainee I am not considered to be an employee for purpose of the minimum wage law, (c) I am not entitled to and will not receive any wages or any other fringe benefits for my training at Pace University, and (d) I neither expect, nor have been promised, compensation or a position of employment at the conclusion of the training program.

I acknowledge and agree that all intellectual property developed by me, if any, in connection with my activities as a trainee at Pace University, in any form, whether in electronic, print, or any other format, shall be owned solely and exclusively by the University, and I hereby permanently and irrevocably assign ownership of all such intellectual property to the University. I further acknowledge and agree that I shall have no ownership or copyright in University materials, nor in the intellectual property contained therein, nor in the delivery formats, whether in electronic, print, or any other form.

I also hereby voluntarily and knowingly ASSUME all risks of damages and injury which I may sustain or incur while participating in or as a result of, or in any way arising out of the Training, or in travel to and from such training.

Name (PRINT) _____

Name (SIGN)_____

Date: _____

CONTACT AND OTHER INFORMATION

Address : _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship to Volunteer: _____

Emergency Phone Contacts:

Home _____ Work _____ Cell _____

Are you currently enrolled in a high school, vocational school, college or university? No ____ Yes ____ If yes, please answer the following questions:

- A. What is the name of the school in which you are enrolled? _____
- B. Which grade or year are you in? _____
- C. Will you receive a certificate or degree at the completion of your studies? No ____ Yes ____ If yes, which certificate or degree will you receive?

- D. Date certificate or degree expected _____
- E. What is your major or area of study? _____
- F. Do you expect to receive academic credit from your home educational institution for your experience as a trainee? No ____ Yes ____