



HUMAN RESOURCE & PAYROLL OFFICE  
110 5<sup>th</sup> STREET  
SALEM, NJ 08079

## **County of Salem**

### **Release of Worker's Compensation Benefits**

I have been offered and/or service in a volunteer/internship position with the County of Salem. I understand that the position is an unpaid public service position. I further understand that the County of Salem maintains a variety of insurance coverage's through a Joint Insurance Fund, including, but not limited to, worker's compensation coverage for paid County Employees. By signing this acknowledgement below, I am expressing my understanding that no worker's compensation coverage is available for volunteers or interns under the policies insuring the County of Salem, and therefore, if I sustain an injury during the course and scope of activities of my position, I will not be entitled to claim worker's compensation benefits.

### **Acknowledgment**

I hereby acknowledge that I have read and fully understand the above and a, executing this document as my voluntary act and deed.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_