

**Sandusky County Common Pleas Court Probation Department  
Student Participation & Liability Waiver Agreement**

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**I. Participant Information**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Participation: \_\_\_\_\_

Program Type:  Job Shadow  Internship

Age: \_\_\_\_\_ School/College: \_\_\_\_\_

If under 18, Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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**II. Voluntary Participation**

I, the undersigned participant, voluntarily agree to participate in the Sandusky County Common Pleas Court Probation Department's educational program. I understand that participation is a privilege, not a right, and may be terminated at any time by the department.

I acknowledge that: - Participation is unpaid and does not constitute employment. (Those in job shadow status are observational only. Interns may perform limited supervised tasks but will not access confidential records independently.) I must comply with all department rules, confidentiality standards, and staff directions.

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**III. Assumption of Risk and Liability Waiver**

I recognize that observing or assisting in a probation setting may involve exposure to adult offenders, emotional stress, or unforeseen circumstances. I voluntarily assume all risks and agree to release and hold harmless the **Sandusky County Common Pleas Court**, its judges, employees, and agents from any and all liability, claims, or damages arising from participation in this program.

I understand that I am responsible for my own safety and will immediately report any incident or injury to my supervising officer.

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**IV. Confidentiality and Conduct**

I agree to: Maintain confidentiality regarding all information learned through this program. - Avoid discussing or disclosing any case details, names, or identifying information. - Refrain from taking photos, audio, or video recordings. - Refrain from social media posts referencing probation clients, staff, or operations. - Dress and behave professionally and respectfully at all times.

I understand that violation of these standards may result in immediate termination from the program.

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## V. Emergency Contact Information

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

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## VI. Acknowledgment and Signatures

I have read and fully understand this agreement and voluntarily sign it as a condition of participation.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### If under 18:

I, the undersigned parent or guardian, give permission for my child to participate in this program and agree to all conditions stated above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Chief Probation Officer or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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## Sandusky County Common Pleas Court Probation Department Confidentiality & Non-Disclosure Agreement

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### I. Purpose

This agreement ensures the protection of confidential and sensitive information encountered during participation in the Probation Department's internship or job shadow program.

### II. Confidential Information

Confidential information includes but is not limited to: - Case files, reports, and documents. - Names or identifying details of probationers, victims, or witnesses. - Any verbal, written, or electronic communication regarding probation operations.

### III. Agreement

I acknowledge that all information I may encounter during participation is confidential. I agree that: - I will not disclose, copy, or discuss any information outside the department. - I will not remove or photograph documents or files. - I will maintain confidentiality indefinitely, even after my participation ends. - I understand that breach of confidentiality may result in termination and possible legal consequences.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

If under 18: Parent/Guardian acknowledges understanding of confidentiality expectations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Chief Probation Officer or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

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**Sandusky County Common Pleas Court Probation Department  
University Sponsorship & Insurance Confirmation (Interns Only)**

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**I. Student Information**

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

Program of Study: \_\_\_\_\_

Institution: \_\_\_\_\_

Internship Dates: \_\_\_\_\_

**II. Academic Authorization**

The above-named student is currently enrolled and in good standing with this institution and has been approved to participate in an internship with the Sandusky County Common Pleas Court Probation Department for educational purposes.

This internship qualifies for academic credit

This internship is a non-credit educational experience

Faculty Supervisor/Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**III. Liability and Insurance**

Please check one:  The institution provides liability coverage for the student during participation.

The student is responsible for their own insurance and liability coverage.

**IV. Authorization**

I understand that the student will be under the supervision of the Sandusky County Common Pleas Court Probation Department and must comply with all court policies.

Authorized University Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Chief Probation Officer or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

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