

Sabrina H. Gast
Office of the Coroner
York County, South Carolina



INTERN APPLICATION



Please note that you must satisfy all of the following requirements before being considered for Internship:

- You must be at least **18 years old**.
- You must currently be enrolled in a 2 year or 4 year academic institution in a related field of study to death investigation/paralegal (i.e. nursing, paramedic, criminal justice, anthropology).
- Applicants **may** be fingerprinted and processed through City/State/Federal agencies for this purpose.

PLEASE PRINT LEGIBLY

DATE: _____ **E-MAIL ADDRESS:** _____

Last name		First Name		Title (circle one)	
				Mr. Ms. Mrs. Dr. Rev. Other	
Street Address			City	State	Zip
Home Phone	Work Phone	Cellular Phone		Pager	

How did you hear the York County Coroner's Intern program? Please be specific.

<input type="radio"/> Newspaper	<input type="radio"/> Police/Fire/EMS	<input type="radio"/> Friend	<input type="radio"/> Internet	<input type="radio"/> Other
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Have you ever worked/volunteered for a York County Department? When? Where?

If yes, which department:	Years of Service
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Current Institution:

School Name: _____ Phone: _____

Address: _____

Advisor Name: _____ Phone: _____ E-Mail: _____

Person to be contacted in case of emergency:

Name: _____ Relationship: _____

Address: _____

Telephone Day: _____ Evening: _____ Cell: _____

E-Mail: _____

Skills and Knowledge:

Education (school & highest education completed):	Professional/Technical/Specialized Training: Skilled Training: Crafts/Hobbies:
List any knowledge, training and/or resources that can benefit you during your internship:	

Professional & Volunteer History Please complete below. (Please submit a Resume if available)

Organization – Employer City, State	Position # of years	Duties (list 3-5 main duties)
Organization – Employer City, State	Position # of years	Duties (list 3-5 main duties)
Organization – Employer City, State	Position # of years	Duties (list 3-5 main duties)

Please list any special accommodations needed during your internship with the York County Coroner’s Office (disability access, cultural/religious, etc.):

Why do you want to Intern with the York County Coroner’s Office?

BACKGROUND INFORMATION

Your application is subject to a complete background review. Applicants may be fingerprinted and processed through State/Federal agencies for this purpose. Disqualifications may result from factors considered in the review. Factors such as the relationship between the offense and becoming an Intern will be taken into account. **NOTE: This information will be kept confidential.**

Date of birth: ___/___/___ Social Security # ___ - ___ - ___

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Have you ever pled no contest or been convicted of a crime other than a minor traffic violations (i.e. parking ticket)? YES No If yes, please list below:

Offense: _____ Date: _____ Location: _____

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Fine/Sentence: _____

—

Offense: _____ Date: _____ Location: _____

—

Fine/Sentence: _____

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STATISTICAL INFORMATION (optional) (Data may be useful for Grant Funding requests)

Sex: Male Female

Ethnic Group: White/Non-Hispanic American Indian/Alaskan Native Black/Non-Hispanic
 Asian/Pacific Islander Hispanic Other Please Specify: _____

I declare under penalty of perjury that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification. I authorize a release to verify education, prior volunteer work and/or contact with former employers. **By signing this document I give my consent and acknowledge that my application will be subjected to a criminal background check, social media search, personal reference calls, and any other type of investigation that may be necessary to qualify as an Intern with the York County Coroner's Office.**

Signature _____ Date: _____

COMMUNITY / WORK REFERENCES

Please provide two references below:

Name/Position:

Organization: _____

Relationship to Applicant: _____

Of Years known: _____

Phone No(s): _____ E-mail: _____

Name/Position:

Organization: _____

Relationship to Applicant: _____

Of Years known: _____

Phone No(s): _____ E-mail: _____

Confidentiality Agreement & Disclaimer

As a participant of the York County Coroner’s Office Internship program, I will maintain a professional attitude at all times. I will keep any and all case information from the York County Coroner’s Office private and confidential. Including but not limited to: case file information, information obtained from participating in a scene call or ride along or any information obtained in the participation/viewing of an autopsy or consult and any discussion between coroner’s office staff or other agencies regarding any and all cases. Failure to comply with these guidelines will result in my dismissal from the program along with any legal consequences that may apply.

By signing, I understand and accept the terms of the York County Coroner’s Office confidentiality agreement.

Intern Signature

Date

Coroner or Office Manager

Date

State of South Carolina
County of York

Agreement, Release of Liability and Indemnification

This is to ACKNOWLEDGE that I, _____, (“Licensee”) have volunteered to provide my time and efforts of varied nature and extent to the Office of the York County Coroner, to provide community services, under the supervision of the York County Coroner and/or her staff in implementing, participating and interacting with, utilizing, and assisting with the York County Coroner’s Office. In consideration and exchange for the privilege and license of becoming a member of the York County Coroner Volunteer Program as a volunteer, for which I derive a unilateral personal benefit and value, I do hereby warrant and agree to bind myself, my personal representatives, my beneficiaries, and my dependents and my heirs and assigns to the terms and conditions herein expressed within this Agreement, Release of Liability and Indemnification.

I understand that my privilege and license to perform services as a member of the York County Coroner Volunteer team may have certain risks, such as personal injury, property damage, disability or death, and I hereby fully assume such risks in my rendition of services as a volunteer for the York County Coroner’s Office.

I do hereby release and forever hold harmless the York County Coroner, York County and the respective officers, personnel, management, employees, agents, servants and assigns of the York County Coroner (hereinafter collectively referred to as the “Coroner” and the “County”) from any injury, disability, death, or damage to my person or property, and from any other claim which may arise from or during my voluntary participation and implementation in the York County Coroner Volunteer Program.

I further agree that neither I, nor my personal representatives, beneficiaries, dependents, heirs or assigns, will make a claim for injury, damage, disability, death, loss or any other claim of any nature, kind and description whatsoever, whether causing injury, property damages, disability, death or other damages or losses that may result from the performance of my duties and responsibilities as a member of the York County Coroner Volunteer team.

In consideration and exchange of the license from the County Coroner to participate in the York County Coroner’s Volunteer Program, I agree to indemnify and hold harmless the York County Coroner, her agents and employees, and York County, its officials, agents, and employees, from any injury, damages, losses or liabilities which the Coroner or the County may incur due to my participation and involvement in, or implementation of, the County Coroner’s Volunteer Program.

I acknowledge and agree that my participation in the Volunteer Program is for my own personal benefit; is voluntary; is personal; and is not assignable to any one or any group for any reason.

I further acknowledge and agree that my participation, involvement and implementation of the Coroner’s Volunteer Program is not with the scope of any employment relationship between the Coroner, the County and myself. I will not be compensated in any form or amount for my time spent in, or involvement with, the Coroner’s Volunteer Program or my efforts expended in the implementation of the Volunteer Program.

I warrant and represent that on the date of this signing, I currently have sufficient health, disability and life insurance as determined by me or my advisors to cover me, my spouse, my children, my beneficiaries, my dependents, and my heirs and assigns in the event of any injury, disability, damage, or death which may result to me from my involvement and participation in, or implementation of, the Volunteer Program.

I acknowledge, understand and agree that my license to participate in the Coroner’s Volunteer Program confers no rights upon me from the Coroner or the County, and that my personal privilege and license to participate as part of the Coroner’s Volunteer team may be terminated at any time by the County Coroner for any reason or for no reason at all, and without notice to me.

(Initial) _____

I further understand and agree that if any portion, word, phrase, sentence or paragraph of this Agreement, Release of Liability and Indemnification shall be held invalid under the laws of the State of South Carolina, the part or parts of the Agreement, Release of Liability and Indemnification that are not held invalid shall continue in full force and effect.

By signing this document, I agree to abide by all Federal, State and County laws, ordinances, regulations and rules that may apply to me in my participation, involvement and implementation of the Volunteer Program.

I am aware that this Agreement, Release of Liability, and Indemnification is a contract between myself and the Coroner (and/or the County), intended to protect the Coroner and the County to the fullest extent possible in my participation, involvement and implementation of the Volunteer Program from any and all claims of injury, damage, disability or death, or any other claim which I, my representatives, my beneficiaries, my dependents and my heirs and assigns (collectively or independently) may make and which may arise of my participation, involvement or implementation in and with the Volunteer Program.

I further state that I am of lawful age and legally competent to sign this Agreement, Release of Liability and Indemnification.

I understand and agree that the laws of the State of South Carolina shall govern this Agreement, Release of Liability and Indemnification.

I am further aware that this document will be used as a defense to any and all claims resulting from my participation, involvement and implementation of the Volunteer Program brought by me, my dependents, heirs and assigns, my beneficiaries and/or my personal representatives. I understand that the terms of this document are contractual and not merely recitals, and I sign and initial this Agreement, Release of Liability and Indemnification of my own free will, with full knowledge and understanding of its contents and effects.

By signing below, I warrant and represent that I have carefully read this Agreement, Release of Liability and Indemnification and fully understand the contents and effects thereof.

Licensee:

Signature

Print

Address

Date:

Witness

Applicant Certification

1. I affirm, agree and/or understand all statements on this form are true and accurate; and any misrepresentation or omission of facts may result in exclusion from further consideration and/or, if hired, termination of employment. If I have requested that my present employer not be contacted, I understand an offer of employment may be contingent upon information and verification of other former employers, prior to beginning work.
2. I agree to conform to the rules and regulations of the County. According to the State of South Carolina Law, I understand my employment with York County will be at-will.
3. I hereby consent to authorize representatives of York County Government contacting any of my former employers or educational institutions that I have attended and any other person or organization they determine may have information concerning my past and present work. I understand this would include my official personnel files, attendance records, background information, evaluations, educational records, military service, law enforcement records and/or any personnel records deemed necessary. I also understand York County may make inquiries of third parties such as credit bureaus I further release the organization, educational entity, present and former employers, law enforcement organizations and all third parties from any and all claims, of whatever nature, that I may have, as a result of any inquiry or response to such inquiries, made in connection with my application for employment. I understand that any information obtained by York County in the course of those contacts will be treated with the strictest of confidence. However, I understand it is not possible to guarantee total confidentiality.
4. I understand and acknowledge that York County requires all applicants who are tentatively selected for employment to submit to and pass a drug test, and that failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substances will result in disqualification from employment.

The drug test will be by urinalysis and if the collector of the test sample believes that there is a reasonable possibility that I have or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

Signature _____ **Date** _____

York County is sensitive to the needs of qualified applicants and employees with disabilities. York County is also willing to make reasonable accommodations to assist such applicant and employee.

EEO STATEMENT

York County Government is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, military status, religion, sex, national origin, and age, a legally defined disability to a qualified applicant or other status as protected by law.

Please return the completed application and resume to:

**Christina Westover, D-ABMDI, Chief Deputy Coroner
Office of the Coroner, Sabrina Gast, York County
933 Heckle Blvd. Suite 103
Rock Hill, S.C. 29732**

Phone: (803) 909-8406

Fax: (803) 324-9595

E-Mail: chris.westover@yorkcountygov.com