

# Government & Community Relations Work-Study Form

Return form to the office of government & community relations, Hogan 522,  
prior to start of work-study employment

Name \_\_\_\_\_  
First Last

Class Year \_\_\_\_\_ HC ID# \_\_\_\_\_

PO Box \_\_\_\_\_ Cell # \_\_\_\_\_

HC Email \_\_\_\_\_ @g.holycross.edu

Work-study Site (Name of Agency/Non-Profit): \_\_\_\_\_

### Method of Transportation to Work-Study Site:

Please let us know how you intend to get to and from your work-study site.

(Please review <http://offices.holycross.edu/publicsafety/transportation> for transportation options. )

HC Van  Public Transportation  Private Vehicle  Walk/Bike

### EMERGENCY CONTACT INFORMATION (PARENT/GUARDIAN)

Contact Name \_\_\_\_\_



Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Contact Email \_\_\_\_\_

### ACKNOWLEDGMENT AND AGREEMENT

I, \_\_\_\_\_, acknowledge that I am voluntarily participating in a work-study internship through Holy Cross. I further acknowledge that Holy Cross has provided me with various information about work-study, both verbally and through written materials, and that I have read and understand such information.

I agree that I will notify Holy Cross Government and Community Relations immediately if I experience any material problem at the work study site, including, but not limited to any form of discrimination or harassment based race, religion, color, national origin, age, marital or parental status, veteran status, sex, disability, genetic information, sexual orientation or gender identity, if I am injured, or I experience any other issue that may be a violation of applicable law.

**ARBITRATION AS EXCLUSIVE FORUM.** Any dispute, controversy or claim arising out of or relating to or arising out of my participation in work-study, including but not limited to all claims arising under common law, the Massachusetts Wage Act (General Laws chapter 149, Section 148 et seq.), Massachusetts General Laws chapters 151B and 214 (prohibiting discrimination and retaliation), Title VII of the Civil Rights Act, the Americans with Disabilities Act, the Fair Labor Standards Act, and all other local, state and federal statutory or other legal claims., shall be finally settled by binding arbitration in Worcester, Massachusetts in accordance with the then prevailing “employment” procedures of the American Arbitration

Association. The College will bear the costs of the arbitrator and each party must bear its own legal expenses and attorneys' fees. No party may recover attorneys' fees in connection with a favorable arbitration decision. Such arbitration shall be determined by a single arbitrator, and judgment upon the award rendered by the arbitrator may be entered in any court of competent jurisdiction. Each party hereby expressly waives any and all rights to bring any suit, action or proceeding in or before any court or tribunal other than as described above and covenants that it shall not seek in any manner to resolve any dispute other than as set forth in this paragraph or to challenge or set aside any decision, award or judgment obtained in accordance with the provisions hereof. This paragraph does not prohibit or bar either party from providing truthful testimony in any legal proceeding or from cooperating with, making truthful disclosures to, or filing a charge with any governmental agency if and as required by applicable law.

This acknowledgement and agreement shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts without regard to its choice of law rules.

I HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT AND AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

STUDENT/PARTICIPANT

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

WITNESS

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

Signature of parent or guardian if student/participant is under the age of 18.

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)