

Carnegie Institution of Washington
1530 P Street, N.W.
Washington, D. C. 20005

As a volunteer at the Carnegie Institution of Washington, I understand that I am not an employee, fellow, or visiting investigator of the Institution. I also understand that I am not entitled to compensation in the form of wages, or to benefits available to Institution employees, fellows, or visiting investigators; that I am liable for my own health insurance; that I am not covered by the Institution's Workers Compensation policy; that there is no promise of employment with the Institution at the conclusion of my volunteer period with the Department.

Signed: _____

Dated: _____