



Name: _____

BACKGROUND INFORMATION

This information is for statistical use only to assess our efforts to recruit a diverse pool of academic appointees; it cannot impact this appointment.

Does the appointee consider themselves to have a disability? Yes No

If yes, please describe _____

Do they identify themselves as: American Indian or Alaska Native Black or African American Native Hawaiian/Pacific Islander Asian White

Do they identify their ethnicity as: Hispanic Non-Hispanic

Choose not to identify:

SI EQUAL EMPLOYMENT OPPORTUNITY: RIGHTS AND RESPONSIBILITIES
(ALL ACADEMIC APPOINTEES)

The Smithsonian Institution strives to provide for all individuals associated with it a working environment that is free from discrimination. As part of the Institution's efforts to ensure that you are fully aware of your equal opportunity rights and responsibilities, you have been provided the following documents:

- Diversity and Equal Employment Policy Statement
- Prevention of Workplace Harassment Policy Statement
- Procedures for Requesting Reasonable Accommodation for Individuals with Disabilities
- EEO Complaints Procedures for Individuals Associated with the Smithsonian Institution
- Protection of Minors

Additional information is available at https://www.smithsonianofi.com/wp-content/uploads/2019/02/IAWS_Packet2.pdf. If you have any questions, please call an EEO counselor at (202) 633-6430.

I acknowledge that I have received and read the documents contained in the Smithsonian Institution's Equal Opportunity Rights and Responsibilities packet. I also agree to complete any required training related to Smithsonian Equal Opportunity and Prevention of Workplace Harassment policies.

Signature _____ Date: _____

MEDIA RELEASE
(ALL ACADEMIC APPOINTEES)

The Smithsonian Institution records and maintains, in print, photography, audio, video, and digital format, ("Materials"), its courses, programs, research, and other activities, and occasionally uses, and may authorize the Smithsonian's donors, funders, supporters and collaborators permission to use, selected materials for educational and museum purposes including but not limited to publications, brochures, and on-line.

I give my permission to the Smithsonian Institution to use, and to authorize the Smithsonian's donors, funders, supporters and collaborators permission to use, Materials that may include my name, image, voice, likeness and work product produced by me as part of my Smithsonian academic appointment, in brochures, publications, on-line and other formats for educational and museum purposes.

Signature _____ Date: _____



Name: _____

COPYRIGHT AGREEMENT
(INTERNS ONLY)

Work product created by Smithsonian Institution interns within the scope of their internships and under the supervision of Smithsonian employees, (e.g., text, photographs, illustrations, audio, video, research, graphs, recordings, databases, etc.) including copyright and other intellectual property rights in such work product, are owned by the Smithsonian Institution as works made for hire under United States Copyright Law. Interns agree and understand that if the right to such work product is determined by a court not to be a work made for hire, they hereby convey all right, title, and interest, including copyright, to the Smithsonian. Use of such work product by interns other than for Smithsonian purposes shall require advance written permission from Smithsonian which may be granted on a case-by-case basis to the intern for educational, non-profit purposes only. Requests for permission should be submitted to the intern's supervisor and reviewed by the Office of the General Counsel.

Signature _____ Date: _____

SMITHSONIAN FELLOW AND RESEARCH ASSOCIATE INTELLECTUAL PROPERTY AGREEMENT
(FELLOWS AND RESEARCH ASSOCIATES ONLY)

I, _____, am a [fellow][research associate] at the _____, Smithsonian Institution, Washington, DC from _____ to _____, conducting research as specified below. As a [fellow] [research associate] I may generate original research and related content (e.g., text, images, videos, graphs, databases, etc.) that is based on or derived from the collections, resources, equipment, facilities, property, data (including but not limited to data generated by Smithsonian equipment), and staff expertise of Smithsonian (“Smithsonian Content”). I understand that I own copyright only in original research and related content that I create as a [fellow] [research associate], subject to Smithsonian’s ownership rights in the underlying Smithsonian Content. When my research is published, I agree to provide appropriate credit to the Smithsonian and those who have collaborated with me. Further, to the extent practicable and subject to a reasonable embargo period that may be imposed by the publisher, I agree to post for public access an electronic version of the final accepted manuscript or, with consent of the publisher, the final published version of my research. I understand that Smithsonian provides access to Smithsonian Content for a variety of purposes, including but not limited to research by Smithsonian staff, affiliated agency staff, other academic appointees, and the public. I acknowledge that my access to Smithsonian Content is not exclusive, and that the Smithsonian and others may use the same Smithsonian Content that I have incorporated into my research, and any resulting publication, in a manner that results in original research and/or publication by others.

Description of Research Project: _____

Signature _____ Date: _____



Name: _____

PARENT/GUARDIAN ACKNOWLEDGEMENT AND RELEASE FOR ACADEMIC APPOINTEES AGED 17 AND YOUNGER

We are pleased your child/ward has requested an internship at the Smithsonian Institution. In signing this form, you grant permission for _____, to participate fully in an Internship if selected & on the following terms.

NAME OF MINOR

You give permission for the Smithsonian to fingerprint and conduct a criminal background check on your child to determine eligibility for an internship and so he/she may receive a Smithsonian identification badge.

Your child's/ward's academic appointment will not entitle him or her to a position at the Smithsonian or the United States or to benefits (e.g., service credit for leave) available to Smithsonian or U.S. employees. If this is an unpaid academic appointment, you waive any and all compensation from the Smithsonian and United States Government for any and all services your child/ward may perform as a Smithsonian intern. The foregoing waiver does not purport to compromise any rights your child/ward may have under the Federal Employee's Compensation Act or the Federal Tort Claims Act.

If a medical emergency arises, the Smithsonian will attempt to contact you or the person designated below. However, if the Smithsonian is unable to contact you immediately, you authorize the Smithsonian or its employees or agents to request and authorize, at your expense, emergency medical treatment.

As specified in the Copyright Agreement section of the internship application, you agree that the Smithsonian will own any work product or other material created or developed by your child/ward in the scope of his or her internship experience, including all copyright or other intellectual property rights as a work made for hire under United States copyright law.

As specified in the SI EEO Rights and Responsibilities section of the internship application, you acknowledge that your child /ward has read and understands the following documents and in consideration of this learning opportunity as an intern at the Smithsonian Institution agrees to abide by the terms and conditions in:

- Diversity and Equal Employment Policy Statement
- Prevention of Workplace Harassment Policy Statement
- Procedures for Requesting Reasonable Accommodation for Individuals with Disabilities
- EEO Complaints Procedures for Individuals Associated with the Smithsonian Institution
- Protection of Minors

Your child/ward may be photographed, videotaped, or otherwise documented while interning. You agree that the Smithsonian may use any such images or recordings for any educational, promotional, archival, or any other standard museum purpose in any media whatsoever.

Agreed to by:

Signature of Parent or Guardian: _____ **Date:** _____

Print Name of Parent/Guardian: _____

Address: _____

Phone: _____ **Email:** _____

Alternative Person to contact in case of emergency: _____

Alternate Person's relationship to child/ward: _____

Alternate Person's Phone Number: _____