## Coast Guard Nonpay Compensation Program Payment-In-Kind Internship Program Agreement

I desire to provide in kind my services to (Name of CG Unit)	as a Coast Guard
Nonpay Compensation Program Payment-In-Kind Intern during:	
(describe anticipated date/hours/day(s) of wee	k at unit)
I expressly agree that my services are being provided as a Coast Gua Payment-In-Kind Intern and that I am not an employee of the United instrumentalities thereof except for certain purposes relating to computing the performance of approved payment-in-kind services and li 10 U.S.C. § 1588(d)(2). I expressly agree that I am neither entitled salary, wages, or other benefit for these Payment-In-Kind services. regulations applicable to payment-in-kind service providers, and agreequired by the organization to which I am working, to enable me to services that I am offering.	d States Government or any pensation for injuries occurring lability for tort claims as specified in to nor expect any present or future I agree to be bound by the laws and ree to participate in any training
I have been provided a copy of the Affiliation Agreement between _	and the (name of school)
Coast Guard, and agree to adhere to all provisions.	
(typed or printed name and signature of Payment-In-Kind Intern)	(date)
Contact Information:	
(adaress and phone numbers)	
(typed or printed name and signature of accepting official: local command)	(date)
For agency use only: Provide general description of the Payment-I the intern student:	n-Kind services to be provided by
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## PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 9397, 10 U.S.C. § 1588, 5 U.S.C. § 3111.

PRINCIPAL PURPOSE: To document participation in the Coast Guard Nonpay Compensation Program Internship Program.

ROUTINE USES: None.

DISCLOSURE IS VOLUNTARY. However, failure to provide the information requested could result in the Coast Guard's inability to place a potential student in the Coast Guard Nonpay Compensation Program Internship Program.