Office of the Medical Examiner

County of La Crosse

I, _____, have requested to participate in an internship with the La Crosse County Medical Examiner's office for a period of approximately three months.

I understand that this internship is a volunteer internship and I am not entitled to any financial reimbursement from La Crosse County for my participation in this internship.

It is also understood that all information that I may have knowledge of from this internship will be of a confidential nature, and I will not release to unauthorized Persons.

While at the scene of a death investigation, I will act in the capacity of an observer only, under the direction and supervision fo the Medical Examiner, or his appointed agents.

Signed and sealed this _____ day of

In the presence of:

_____ _____

Tim Candahl, Medical Examiner
Subscribed and sworn to before me

This _____ day of

_____

Notary Public, State of Wisconsin
My Commission: _____