



Maintenance of Effort: I certify that the participant(s) will not be filling a position where an employee is on lay off from the same or substantially equivalent job, or when Work Site has terminated an employee or otherwise reduced its work force, within the past 30 days, with the AFWD participant filling the vacancy(s).

I have read, understand and agree to the AFWD Maintenance of Effort Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By submitting an Internship Request Form, there is no guarantee that you will be selected to participate in the AFWD Internship Program.

Requirements to participate in the AFWD Internship Program

1. Read and Agree to the Program Requirements and Internship Agreement
2. If selected to participant in the program, you must provide liability insurance and workers' compensation certificates.