



CITY OF DESERT HOT SPRINGS INTERN APPLICATION

Exact title of intern position for which you are applying: _____

Last Name: _____ First Name _____ MI _____

Street Address: _____

Phone: Home () _____ Message () _____

Availability: M ___ T ___ W ___ TH ___ F ___ Sat ___ Sun ___ Mornings ___ Afternoons ___ Evenings ___

Length of assignment desired: 3 mos ___ 6-12 mos ___ More than a year ___

Do you have reliable transportation? _____

Are you bilingual? _____

Please answer the following questions. If the answer to any of the questions is YES, please give details to the right.

Yes No

1. Are you able to perform the essential functions of the job either with or without accommodation? _____
2. Have you ever worked for the City of Desert Hot Springs before? _____

EDUCATION:

Currently enrolled? ___Yes ___No Current GPA _____

Name of College _____ Credit Hours Completed _____

CURRENT STATUS:

Student (How many hours per week _____) Employed (If employed how many hours per week _____)

CURRENT EMPLOYER:

Name: _____

Address: _____ Phone: _____

PREVIOUS WORK AND/OR VOLUNTEER EXPERIENCE:

Reference: _____ Phone: _____

WHAT TYPE OF INTERN JOB ARE YOU MOST INTERESTED IN AT PRESENT?

I have the following skills and abilities to offer:

	Very Well	Well	So-So	Not at all	Comment
Speak & Persuade	___	___	___	___	_____
Writing	___	___	___	___	_____
Recordkeeping	___	___	___	___	_____
Using Statistics/Numbers	___	___	___	___	_____

Check appropriate skills or areas of interest you have: Key: SK=Skilled INT=Interested

<u>SK</u>	<u>INT</u>		<u>SK</u>	<u>INT</u>	
___	___	Receptionist	___	___	Computer Training
___	___	Filing	___	___	Working with: (Circle)
___	___	Data Entry			Adults
___	___	Public Relations/Publicity			Seniors
___	___	Typing/Computer			Adolescents
___	___	Writer (Newsletter, Manuals)			Children
___	___	Mass Mailings			Disabled
___	___	Photocopying	___	___	Ham/CB Radio
___	___	Telephoning	___	___	Computer Systems Applications
___	___	Inventory	___	___	Graphic Arts
___	___	Videotaping			
___	___	Crime Prevention			
___	___	Research			
___	___	Survey-taking			
___	___	Recruiting			
___	___	Special Events			

Other Skills and Abilities (List & Describe):

Would you be willing to be "on-call" for special assignments? ___ Yes ___ No

Signature: _____ Date: _____

**CITY OF DESERT HOT SPRINGS
UNPAID INTERN'S RELEASE AND WAIVER OF ALL CLAIMS**

My name is _____, I am over the age of 18. (If under 18 years old, a parent/guardian must also sign the release form.)

It is my intention to perform voluntary services without compensation for the City of Desert Hot Springs as a volunteer.

I understand that I am not eligible for Workers' Compensation benefits in the event of injury, and I will not under any circumstances receive any other type of compensation. As a Volunteer I understand that my own personal insurance including health, automobile and liability insurance are in effect while acting within the scope and course of my assigned duties.

I voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to my self arising as a result of engaging in or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue, and I release, waive, discharge and relinquish any action or cause of action, aforesaid which may hereafter arise for myself, heirs, executors, administrators and aforesaid, which may hereafter arise from my estate, and agree that under no circumstances will I, heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the City of Desert Hot Springs, or any of its officers, agents, servants, vendors or employees for any of said causes of action whether the same shall arise by the negligence of any of said person or otherwise. It is the intention of the undersigned by this instrument to exempt and relieve the City of Desert Hot Springs, and its officers, agents, servants, vendors and employees from liability for personal injury, property damage or wrongful death caused by negligence.

I sign for myself, my heirs, executors, administrators or assigns and agree that in the event of any claim for personal injury, property damage or wrongful death shall be prosecuted against the City of Desert Hot Springs, and its officers, agents, servants, vendors and employees, I shall indemnify and save harmless the same City of Desert Hot Springs and its officers, agents, servants, vendors and employees from any and all claims or causes of action by whomever or wherever made or presented for Personal injuries, property damage or wrongful death.

I acknowledge that have read the foregoing two paragraphs, have been fully and completely advised of the potential dangers to engaging in my status as a City volunteer. I am fully aware of the legal consequences of signing this "Release."

This release and Waiver of all claims is entered into this _____day of _____ 20____, at Desert Hot Springs, California.

Signature of Participant: _____
Please print and sign

Witness: _____

If under 18 Parent/Guardian signature: _____