



## CITY OF DESERT HOT SPRINGS INTERN APPLICATION

Exact title of intern position you are applying for: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

**Availability:**

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays
- Saturdays
- Sundays
- Mornings
- Afternoons
- Evenings

**Length of assignment desired:**

- 3 months
- 6-12 months
- 12+ months

**Do you have reliable transportation?**

- Yes
- No

**Are you bilingual?**

- Yes  
What languages do you speak? \_\_\_\_\_
- No



**Please answer the following questions:**

1. Are you able to perform the essential functions of the internship, either with or without accommodation?

- Yes
- No

Details: \_\_\_\_\_

2. Have you ever worked for the City of Desert Hot Springs before?

- Yes
- No

Details: \_\_\_\_\_

**EDUCATION:**

Are you currently enrolled?

- Yes

If yes, please list your GPA: \_\_\_\_\_

- No

Name of College: \_\_\_\_\_ Credit hours completed: \_\_\_\_\_

**CURRENT STATUS:**

- Student

Hours per week: \_\_\_\_\_

- Employed

Hours per week: \_\_\_\_\_

**CURRENT EMPLOYER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PREVIOUS WORK AND/OR VOLUNTEER EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference: \_\_\_\_\_ Phone: \_\_\_\_\_



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

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### INTERN SELF-INVENTORY OF SKILLS AND ABILITIES

I have the following skills and abilities to offer:

Skills/Abilities	Very Well	Well	Somewhat	Not at All	Comments
Speak & Persuade					
Writing					
Recordkeeping					
Statistics & Numbers					

Check appropriate skills or areas of interest you have:

Activity	Skilled	Interested
Receptionist		
Filing		
Typing		
Computer Applications		
Public Relations/Publicity		
Writing (Newsletters, Manuals)		
Mass Mailings		
Making Copies		
Telephones		
Inventory		
Videotaping/Filming		
Crime Prevention		
Research		
Conducting Surveys		
Recruiting		
Special Events Planning		
Graphic Design		
Working with Persons with Disabilities		
Working with Seniors		
Working with Adults		
Working with Adolescents		
Working with Children		



**Other skills and abilities (please list and describe):** \_\_\_\_\_

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Are you 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 of age, a parent/guardian must also sign this 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 myself 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, my 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 said person or otherwise. It is the intention of the undersigned by this instrument to exempt and relieve the City of Desert Hot Springs, an 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 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 I have read the foregoing two (2) paragraphs, and 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: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Witness: \_\_\_\_\_

If under 18, Parent/Guardian signature: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_