

**OUR MISSION**

*The City of Winston-Salem provides Quality, affordable services that ensure the health, safety and well-being of citizens, while collaborating throughout the community to ensure its economic, social and environmental vitality*

**City Of Winston-Salem  
Internship/Volunteer  
Application**

An Equal Opportunity Employer  
PLEASE RETURN TO:  
Human Resources Dept, City of Winston-Salem  
100 E. First St., Suite 131, Winston-Salem, NC 27101



(Interns/Volunteers 18 years & younger must have a parent's signature. Interns/Volunteers must also complete the attached background investigation and Waiver and Release Form.) Please print or type.

Name: \_\_\_\_\_  
Last First Middle Initial

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Special talents or skills: \_\_\_\_\_

What type of schedule would work for you: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Hours Assigned (if applicable): \_\_\_\_\_ Deadline for completion: \_\_\_\_\_

**Please sign below when you have read and understand all statements.**

I certify that the statements made in this Internship/Volunteer Application are true, correct, and given voluntarily. In addition, I understand that this information may be disclosed to any party with legal and proper interest.

I understand that the City of Winston-Salem reserves the right to screen interns/volunteers, and the City will not accept as a volunteer anyone who would jeopardize any aspect of service or the safety of City customers and staff.

I understand that if I am unable to report at a scheduled time for any reason, I am to notify my supervisor as soon as possible.

I understand that if I miss my scheduled date and time of service without prior notification, my internship/volunteer opportunity may be terminated by the supervisor.

I understand that I will /will not be paid for my services as an intern/volunteer, and I am/am not giving my time freely to the department/division to which I am assigned.

I will also not abuse any information, materials, or hardware I may use or obtain while interning/volunteering.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under 18)

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Winston-Salem prohibits discrimination on the basis of sex, pregnancy, race, color, national origin, sex, religion, national origin, age, sexual orientation or disability unless a bona fide occupational qualification exists.

**INTERN/VOLUNTEER WAIVER**

**THIS INTERN/VOLUNTEER WAIVER** (hereinafter, this "Waiver"), entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, by \_\_\_\_\_, an Individual (hereinafter "Intern/Volunteer") who resides at \_\_\_\_\_

**I. Scope of Services.**

The Intern/Volunteer shall provide the following services:  
\_\_\_\_\_

**II Volunteer Status.**

The Intern/Volunteer shall perform the Services with/without compensation and shall not be considered an employee, agent, or representative of the City of Winston-Salem (hereinafter "City"). The Intern/Volunteer understands and agrees that he is not entitled to employee benefits of any kind, including, but not limited to, unemployment, workers' compensation or retirement benefits.

**III. Termination.**

The Intern's/Volunteer's services may be terminated at any time by either party.

**IV. Successors and Assigns.**

The Intern/Volunteer and the Intern's/Volunteer's successors, executors, administrators and legal representatives are hereby bound to the terms of this Waiver.

**V. Amendment or Modification.**

The Intern's/Volunteer's status as an intern/volunteer cannot be amended or modified except by another written document duly executed by the City and the Intern/Volunteer.

**IN WITNESS WHEREOF**, the Intern/Volunteer has executed this Waiver on the day and the year first above written.

**WITNESS:**

**INTERN/VOLUNTEER:**

\_\_\_\_\_

\_\_\_\_\_ (SEAL)

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name