

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

HP _____

VOLUNTEER HANDICAP PARKING PERSONNEL INFORMATION

Please Print.....

Name: _____

Last

First

Middle/Maiden

Date of Birth: _____

Driver's License/ID Number: _____ Type _____

Address: _____

Contact Numbers: _____

Home

Cell

Business

Best time to Call: _____ AM / PM

Vehicle Description: _____

Make

Model

Year

Color

Vehicle Registration Number: _____

Email address: _____