



# Internship Program Application

## Contact Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Text?  Yes  No Night \_\_\_\_\_ Text?  Yes  No

Mobile \_\_\_\_\_ Text?  Yes  No

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Background

School Presently Attending/Location: \_\_\_\_\_

Status:  Freshman  Sophomore  Junior  Senior  Graduate Student  Other \_\_\_\_\_

Semester of Interest:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_ Approx. Dates: \_\_\_\_\_

Expected Graduation: \_\_\_\_\_ Degree Program: \_\_\_\_\_ GPA: \_\_\_\_\_

Availability:  Full Time (36-40 hrs/week)  Part Time – approximate days and hrs/week: \_\_\_\_\_

Potential Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

How Did You Hear of Us? \_\_\_\_\_

Is This Internship Experience:  Required for School  Voluntary

Do you have reliable transportation to work off-campus?  Yes  No \_\_\_\_\_

## Objectives

What are your long-term career goals in your field?

## Computer Experience

	None	Novice	Intermediate	Advanced
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adobe InDesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adobe Photoshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Special Training and/or Experience:**

**Other Languages, Write/Speak:**

**Other Interests/Comments:**

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician and/or Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you able to perform the essential duties of the job for which you are applying?  Yes  No

If no, please explain: \_\_\_\_\_  
*(Note: A disability will not prevent you from volunteering if you are able to perform the essential duties of the job with reasonable accommodations.)*

Do you have any transportation barriers to consider?  Yes  No

If yes, please describe: \_\_\_\_\_

Have you ever been convicted as an adult of any offense against the law including misdemeanors, felonies and traffic violations?  Yes  No

If yes, please describe the crime, date of conviction, location of court proceedings and specific sentence. (A conviction does not automatically mean that you will not be hired.)

I understand it is my responsibility to share client information only with staff involved, to keep all information confidential and to report any information which may impact customers and/or co-workers.

I certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

It is the intent of James City County to provide equal opportunity to all volunteers in all terms, privileges and conditions without regard to sex, race, religion, national origin, disability or any other factor.

*All volunteers must comply with employment procedures of both Human Resources and the County Department. A criminal record does not automatically disqualify a volunteer from a work assignment. The nature of the offense and type of work in which the volunteer will be engaged will be taken into consideration before a decision is made. Human Resources and the County Department will confer in making the decision.*

**Please return to:** James City County Parks & Recreation  
Attn.: Angie Sims  
5320 Palmer Lane, Suite 2A  
Williamsburg, VA 23188

Fax: 757-259-5420  
Attn: Angie Sims

Email: [Angie.sims@jamescitycountyva.gov](mailto:Angie.sims@jamescitycountyva.gov)



# Participation Release of Liability and Assumption of Risk Agreement

**\*\*\*Read Entire Page Before Signing – Please Print\*\*\***

Name of Activity/Program: \_\_\_\_\_

Location: \_\_\_\_\_ Fiscal Year: 20\_\_ -20\_\_

Participant Name: \_\_\_\_\_ Email: \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program/activity may be significant, including the potential for permanent paralysis and/or death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS and assume full responsibility for my participation.
3. I willingly agree to comply with all terms and conditions for participation. I will comply with all safety policies and procedures. If I observe any hazard during my presence or participation, I will remove myself from participation and bring such information to the attention of the nearest Instructor immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS James City County, its officers, officials, agents and/or employees, other participants, sponsors and its officers, agents, servants and employees, advertisers and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”) from any and all claims, demands, losses and liability arising out of, or related to, any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.
5. In the case of a life-threatening or serious accident or illness, I (parent or guardian) ask that the County contact me. In such case, I give permission for a rescue squad to transport my child to the closest medical facility. Should this occur, I give permission for the medical facility to treat my child at my expense.
6. In the case of a life-threatening or serious accident or illness, I give permission for a rescue squad to transport me to the closest medical facility. Should this occur, I give permission for the medical facility to treat me at my expense.
7. I give permission for me or my child to be videotaped or photographed while participating in the program or activity, and I give permission for James City County to use the videotape and/or photographs in brochures, newspaper articles, on the County’s website, Facebook, Twitter on Public Television and in other local media outlets.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_

Participant’s Signature Date

For PARENTS/GUARDIANS of PARTICIPANT of MINOR AGE (under age 18 at time of participation): This is to certify that I, \_\_\_\_\_, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release of all Releasees, as provided above of, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child’s involvement or participation in this program/activity as provided above to the fullest extent permitted by law.

\_\_\_\_\_

Parent/Guardian Signature Emergency Phone Number(s) Date