

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: _____

Parents/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.

NORTH CAROLINA)

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VOLUNTEER WAIVER

FORSYTH COUNTY)

THIS VOLUNTEER WAIVER (hereinafter, this "Waiver"), entered into this ____ day of _____, 20____, by _____, an Individual (hereinafter "Volunteer") who resides at _____.

I. Scope of Services. The Volunteer shall provide the following services:
_____.

II. Volunteer Status. The Volunteer shall perform the Services without compensation and shall not be considered an employee, agent, or representative of the City. The 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. Waiver of Liability. Volunteer is aware of the risks involved in the activity described above and understands that such activity may lead to serious bodily harm or even death. Volunteer hereby accepts and assumes these risks and hereby agrees to release the City of Winston-Salem, its officers, employees and agents from any claim for damages whatsoever that may arise out of any and all injuries sustained in the performance of the above described activity.

IV. Termination. The Volunteer's services may be terminated at any time by either party.

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

VI. Amendment or Modification. The Volunteer's status as a volunteer cannot be amended or modified except by another written document duly executed by the City and the Volunteer.

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

WITNESS:

VOLUNTEER:

Witness Signature

Print Witness's Name (SEAL)

Print Name and Title

Print Volunteer's Name

Parent's Signature (If Volunteer is under 18)

Print Parent's Name