



City of Palm Springs Municipal Internship Participation Agreement

Participation Agreement for the City of Palm Springs Internship Program

YOU MUST READ AND UNDERSTAND THIS AGREEMENT BEFORE ENTERING THE MUNICIPAL INTERNSHIP PROGRAM.

Participation in the City of Palm Springs Municipal Internship Program is a voluntary activity. The information that I have provided on this interest application is accurate to the best of my knowledge. I give my permission to any persons named in the application to provide any relevant information they may have to the City of Palm Springs or its agents for use in deciding whether or not to offer me an internship with the City. I agree to be Live-Scanned through the Palm Springs at no expense to me. I understand that I may be required to submit to a Criminal Background Check and other background checks as required.

I hereby apply to intern with the City of Palm Springs. I understand that if I am accepted into the program that I will be expected to follow a mutually acceptable work schedule. I understand that I will be expected to maintain a businesslike manner, and that my internship assignment may be terminated at any time.

I understand there are risks associated with internship activities, and I assume the risk of any injuries that I may sustain outside of those activities not directly related to the internship activities performed at the City. I also understand that the City provides a volunteer insurance program to cover accident and personal liability for incidents directly related to volunteer/internship activities performed at the City and that an injury I sustain while engaged in such activities may be covered by this insurance.

I certify that the statements made in this internship application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as an intern.

I have read and understand the above Waiver/Release of liability.

Applicant (Parent or Guardian if a minor)*

Date

If you are signing on behalf of a minor, please print your name, address and phone number:

Return Internship Interest Application and Participation Agreement to:

City of Palm Springs – Human Resources Department,
3200 E Tahquitz Canyon Way, Palm Springs, CA 92262