

CORAL GABLES

THE CITY BEAUTIFUL

Page Program Internship

COMPLETE APPLICATION - PRINT LEGIBLY IN INK OR TYPE DO NOT LEAVE ANY BLANKS. PLEASE INDICATE "N/A" ON ALL AREAS NOT APPLICABLE. UPON SUBMISSION PLEASE INCLUDE A COPY OF MOST RECENT REPORT CARD, LETTER OF RECOMMENDATION FROM A TEACHER OR ADMINISTRATOR AND PHOTO ID. APPLICATION MUST BE SUBMITTED VIA EMAIL TO: recruitment@coralgables.com.

APPLICANT INFORMATION

Availability:

_____ Yes, I am available

Schedule:

Monday, July 7 – Friday, July 25 (3 weeks)
Attending Commission Meeting on Tuesday, July 7th

First Name:	Middle Name:	Last Name:	Date of Birth:	
Present Address (Street Number & Apt./Unit/ PO Box):		City:	State:	Zip Code:
Home Phone:	Cellular Phone:	Other Phone:	E-Mail Address:	

Have you interned for the City of Coral Gables before? **Yes** **No**
If yes, please list:

Date (Month/Year)	Departments

EDUCATION

Are you currently attending High School?	Name of High School:	Anticipated graduation Date:	GPA:
Yes No			

SKILLS / LICENSES / CERTIFICATIONS

Special Skills:

Other training, volunteering, or relevant experience:

EMERGENCY CONTACT INFORMATION

First Name:	Last Name:	Relationship:			
Address (Street Number & Apt./Unit/ PO Box):		City:	State:	Phone Number:	Alternative Number:

ACKNOWLEDGMENT

I hereby certify that all the statements made by me on this application and on any documents I have submitted are true, accurate and complete to the best of my knowledge. I understand that all information and documents are subject to investigation and that exaggeration, falsification, misrepresentation, or omission is sufficient cause for disqualification, immediate dismissal from the City service and/or disqualification from applying for any position in the service of the City of Coral Gables.

I fully understand and acknowledge the City is under no obligation to accept all interested interns.

I understand and acknowledge that the City of Coral Gables does not discriminate on the basis of race, color, religion, ancestry, national origin, gender, sex, pregnancy, age, disability, marital status, familial status, sexual orientation, retaliation, or genetic information.

I understand that it is my responsibility to keep my address and telephone number(s) updated with the Human Resources Department. If I cannot be contacted, I may forfeit my eligibility for interning or volunteering.

(PRINT NAME)

(SIGNATURE)

(DATE)

FOR HR USE ONLY:

☐ CONFIRMED, This INTERN has been accepted by the _____ Department.

START DATE: _____.

(HR REP. PRINT NAME)

(SIGNATURE)

(DATE)

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CITY OF CORAL GABLES PAGE PROGRAM

RELEASE, WAIVER OF CLAIMS, AND INDEMNIFICATION AGREEMENT

I HAVE READ AND UNDERSTAND AND AGREE AS FOLLOWS: In consideration of my or my minor child or ward's participation in the City of Coral Gables Page Program (the "Page Program"), I, for myself and for my heirs, personal representatives, executors, assigns, and if the participant is a minor child, for my minor child or ward and minor child's or ward's heirs, personal representatives, executors, and assigns, do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my or my minor child's or ward's participation in the Page Program and do hereby release, discharge, and covenant not to sue the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its officers, employees, attorneys, servants, agents, and volunteers for any reason, including any of the released parties' negligence, and I hereby personally agree to indemnify, hold harmless and defend at my own expense and pay on behalf of, the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its employees, attorneys, servants, representatives, officers, agents, volunteers, and successors and assigns, from and against any and all claims, demands, liens, liabilities, judgments, losses, and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses, and attorneys' fees, at trial and on appeal brought for, by or on behalf of myself or my minor child or ward against the City, its City Commission, Mayor, Commissioners, Appointed Officials, any City department or subdivision, its employees, attorneys, servants, representatives, officers, agents, volunteers, and successors and assigns, arising out of or in connection with, in whole or in part, directly or indirectly, my and/or my minor's or ward's participation in the Page Program.

Signature: _____

Date: _____

Print Name: _____

() Self

() Parent

() Guardian