

Unpaid Volunteer & Intern Application

City of Hughson 7018 Pine Street / P.O. Box 9 Hughson, Ca. 95326 209-883-4054 www.hughson.org

| | | (Please Print | | | | |
|---|---|----------------|--------------|-------------------|------------------------------|-------------|
| Date of Application: | | · | | | | |
| How did you hear about us: | ? | | | | | |
| Advertisement | Social Media _ | Website | Inquiry | Friend | Other | |
| | | | | | | |
| Last Name: | First Name: | | Middle Name: | | | |
| | | | | | | |
| Mailing Address: | Ctuant | | | Cit. | Charta | 7:0 |
| Number | Street | | | City | State | Zip |
| Telephone Number: | | - | mail: | | | |
| нетерноне минівет. Ноте: | Cell: | • | illall. | | | |
| | | | | | | |
| Bilingual Skills – Please ind | icate language(s) a | nd if you spea | k, read and/ | or write the lan | guage: | |
| | | | | | | |
| - | | | ernship wor | k vou would lik | e to do: | |
| Pleas | ISHIP INFORM | | • | - | | working in: |
| Pleas | | | • | - | e to do: you want to be v | working in: |
| Pleas Department: Finance/Administ | e check the type of rative Services | | • | - | | working in: |
| Department: Finance/Administ Community Devel | e check the type of crative Services lopment Services | | • | - | | working in: |
| Pleas Department: Finance/Administ | e check the type of crative Services lopment Services | | • | - | | working in: |
| Pleas Department: Finance/Administ Community Devel Public Works/Util | e check the type of crative Services lopment Services | volunteer/int | State the s | specific division | you want to be v | |

| Please state what days a | nd times you are | e available to vol | unteer/intern: | | | |
|---|------------------|--------------------|---------------------|------------------|-------------------|-------|
| | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Time: | | | | | | |
| APPLICANTS WAIVI | ER AND RELE | ASE | | | | |
| I understand that as a vol forth by the program. | unteer/intern, I | am representing | the City of Hughsor | and will adhere | to the guidelines | set |
| This is a bona fide volunto the time spent in the inte | • | | | wages or any otl | her compensatior | n for |
| I acknowledge I am not a compensation plan. I acki | • • | , . | • | | • | |

I understand that accidents and injuries can arise out of my volunteer activities; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City of Hughson, its employees, officers, agencies, other volunteers, and officials, who (through negligence or carelessness) might otherwise be liable to me (or

Date

internship services is not reimbursable under City regulations.

my heirs, assigns, agents, or other representatives) for damages.

Signature of Applicant