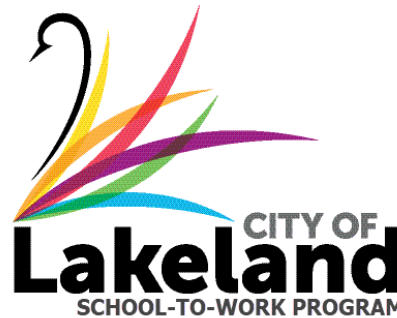


# Unpaid Internship/Job Shadowing Application & Liability Waiver



The City of Lakeland is offering unpaid internships and/or job shadowing experiences to local post-secondary students. Instead of receiving a wage, unpaid interns will work alongside City employees and receive credit towards their program or degree. Job shadowing students will spend a short amount of time "shadowing" members in a specific department but no work will be performed by the student. Experiences will vary depending on the department and job site.

Please complete this form and return it along with your resume in order to be considered for job shadowing.

To be considered for an unpaid internship, the following documents must be submitted along with this application and liability waiver:

- Documentation from post-secondary institution's internship program (letter or program requirements)
- Current Unofficial Transcript
- Current Resume

All materials can be sent to [School-to-work-program@lakelandgov.net](mailto:School-to-work-program@lakelandgov.net).

**By checking the statements and typing my full name below, I understand and acknowledge that:**

**This is an application for an unpaid internship or job shadowing, in which no salary or wage will be paid**

**A background check is required as part of the internship onboarding process**

## For unpaid interns only

**This unpaid internship must be approved by my college or university**

**Post-secondary institution's internship program documentation, transcript, and a resume are required to be considered for the position**

**Proof of medical insurance coverage is required to be considered for the program**

**Electronic Signature:**

**Date:**

Red outlined boxes indicate required field

**Unpaid Internship/Job Shadowing Application & Waiver of Self-Funded Liability**



**Name (First, Middle, Last):**

**In what department(s) are you requesting an internship/job shadowing:**

**Post-secondary Academic Major:**

City Clerk's Office

**Date of Birth:**

Communications

**Driver License Number:**

Community & Economic Development

**Driver License State:**

Emergency Management

**Last 4 of Social Security Number:**

Finance

**Mailing Address:**

Human Resources

**City, State, and Zip Code:**

Information Technology

**Telephone Number & Provider:**

Lakeland Electric

**Email Address:**

Lakeland Fire Department

**I am (Choose at least 2 options):**

Lakeland Linder International Airport

an Undergrad Student

Lakeland Police Department

a Graduate Student

Lakeland Public Library

a Trade School Student

Parks & Recreation

applying for job shadowing

Public Works

applying for an unpaid internship

Purchasing

Retirement Services

Risk Management

RP Funding Center

Water Utilities

**For more information, contact: [School-to-work-program@lakelandgov.net](mailto:School-to-work-program@lakelandgov.net) or call (863) 834-6679**

**Unpaid Internship/Job Shadowing Application & Waiver of Self-Funded Liability**



**Days/hours available to intern/shadow:**

I have no preference

Monday Time:

Tuesday Time:

Wednesday Time:

Thursday Time:

Friday Time:

Saturday Time:

Sunday Time:

**For Unpaid Interns Only**

**Internship Program Facilitator Name:**

**Facilitator Email Address:**

**Facilitator Phone Number:**

**Medical Insurance:**

**Group/Policy Number:**

**How many hours can you intern/shadow weekly?**

**Insurance Address:**

**Date available to begin:**

**Insurance Phone Number:**

**Post-secondary Institution Name:**

**Policy Holder Name:**

**Post-secondary Institution City, State, and Zip Code:**

**Please briefly explain your ideal experience. What exposure opportunities are you looking for? What careers would you like to explore? Please indicate any requirements needed by your program.**

**Please submit your completed application and resume  
to [School-to-work-program@lakelandgov.net](mailto:School-to-work-program@lakelandgov.net)**

***For more information, contact: [School-to-work-program@lakelandgov.net](mailto:School-to-work-program@lakelandgov.net) or call (863) 834-6679***



**RELEASE AND WAIVER OF LIABILITY AUTHORIZATION**

The consideration for this Authorization, Release and Waiver of Liability and Indemnity Agreement (hereinafter referred to as the "Agreement") is the participation in the City of Lakeland School-to-Work Program (hereinafter referred to as the "School-to-Work Program"), which I agree is a service to the community. The City will waive the requirement that I carry self-funded liability insurance. However, I must provide proof of medical insurance coverage for myself prior to being allowed to engage in the School-to-Work Program. I acknowledge that absent the execution of this Agreement, the City would not have offered me the ability to engage in the School-to-Work Program because of unacceptable exposure to liability claims.

I hereby agree, personally and/or on behalf of myself that participation in the School-to-Work Program is only granted by the City because of its understanding that in the event of injury to me, or damage or loss of personal property, that any insurance policy held by me, which covers such injury or loss shall be the primary source of any recovery.

I personally and on behalf of my heirs, personal representatives, executors and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the City of Lakeland, its officers, employees, and agents, individually or in an official capacity for the City (also referred to as "Releasee") from all liabilities, claims, demands, actions, damages, costs or expenses which we may have against any of the Releasee arising out of or in any way connected to participation in the activity, including travel to or from the activity, for bodily injury, death or property damage suffered by me before, during, or after participation in the School-to-Work Program. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any release or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, due to the negligence of Releasee or otherwise while engaged in or as a result of the activity. I expressly acknowledge and agree that the activity may involve the risk of injury or property damage.

I shall defend (if directed by the City), hold harmless and indemnify the City, its officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City, its officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me to participate in the School-to-Work Program.

I further expressly agree that the foregoing release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY CERTIFY THAT I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Program Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Program Participant Printed Name:

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