

City of Gonzales Internship Application

I would like to Intern Part Time (4 hours M-Th 8 hours Fri) Full Time 8 hours Mon - Fri

INTERN INFORMATION

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Name First & Last	Date of Birth	Age	Grade Entering	M F Gender
<hr/>			CA	<hr/>
Mailing Address	City	State		Zip
<hr/>	<hr/>	<hr/>		
Your Cell Phone Number	Your Home Phone Number	Your Email Address		
<hr/>	<hr/>	<hr/>	<hr/>	
Parent / Guardian (Call First)	Primary Phone Number	Secondary Phone <input type="checkbox"/>		
<hr/>	<hr/>	<hr/>		
Parent / Guardian	Primary Phone Number	Secondary Phone		
<hr/>	<hr/>	<hr/>		
Emergency Contact (other than listed above)	Relation	Primary Phone Number		
<hr/>	<hr/>	<hr/>		

INTERN HEALTH HISTORY

In the event of an emergency, the City of Gonzales requests the following information:

My child has no known health conditions to note

Please mark the following conditions that your child suffers from or has suffered from:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting	<input type="checkbox"/> Blood Sugar	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Emotional
<input type="checkbox"/> Seizures	<input type="checkbox"/> Eyes	<input type="checkbox"/> Ears	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Other (must explain)

Please explain all marked items: _____

In an emergency please take my child to: SVMH Natividad Mee Memorial

SHIRT SIZE

Youth YS (6-8) YM (8-10) YL (10 -12) **Adult** AS AM AL AXL

WAIVERS (Signed by Legal Parent or Guardian)

Waiver of Liability: I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependant children which might arise directly or indirectly as a result, and or participation in a City of Gonzales function. . I hereby indemnify, defend and hold harmless the City, its officers, officials, directors, employees and agents from and against any or all loss, liability, expense, claim, costs (including costs of defense), suits, and damages of every kind, nature and description directly or indirectly arising from participation in city sponsored activities. I certify that I am familiar with the contents of this release, that I have and understand the same, and that it is my intention by signing this release that the same be binding not only to me but my heirs, administrators, executors, successors, and assigns.

Consent to Treat: The information is correct so far as I know, and the person described has my permission to engage in all prescribed activities. In the case of sickness or accident, the City of Gonzales has my authority to secure, at my expense, such medical attention as deemed necessary if unable to communicate with me immediately.

Photo Release: I hereby grant the City of Gonzales full rights to copyright, exhibit and publish in any medium including but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken of me and or my child anyplace programs are held by the City of Gonzales.

Parent/Guardian Signature _____ Date _____