

CITY OF CANTON

INTERNSHIP & COMMUNITY SERVICE APPLICATION

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Home Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____

Email Address: _____

School/College (if applicable): _____

Current Grade Level/Class Standing: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Applicant: _____

PROGRAM OF INTEREST

Please check all that apply:

- Internship Program
- Community Service Program
- Volunteer Service Opportunities
- Special Events Assistance
- Youth Leadership Development
- Other: _____

AREA OF INTEREST

Please indicate the departments or areas in which you would like to serve:

- Mayor's Office
 - City Clerk
 - Public Works
 - Parks & Recreation
 - Community Development
 - Building & Zoning
 - Police Department (Administrative Support Only)
 - Fire Department (Administrative Support Only)
 - Court Administration
 - Animal Control
 - Special Events
 - Other: _____
-

AVAILABILITY

Days Available:

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

Hours Available:

Preferred Start Date: _____

Preferred End Date: _____

EDUCATIONAL & COMMUNITY BACKGROUND

List any school organizations, clubs, volunteer activities, leadership positions, or community involvement:

COMMUNITY SERVICE EXPERIENCE

Have you previously completed community service?

- Yes
- No

If yes, please describe:

PERSONAL STATEMENT

Please explain why you are interested in participating in the City of Canton Internship or Community Service Program and what you hope to gain from the experience.

APPLICANT CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in denial of participation or removal from the program.

Applicant Signature: _____

Date: _____

If Applicant is Under 18:

Parent/Guardian Signature: _____

Date: _____

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

I, the undersigned applicant (or parent/legal guardian if applicant is under eighteen (18) years of age), understand that participation in internship, volunteer, and community service activities with the City of Canton may involve certain risks, including but not limited to travel, physical activity, outdoor work, interaction with equipment, and other activities associated with municipal operations.

In consideration for being allowed to participate in the City of Canton Internship and/or Community Service Program, I hereby voluntarily assume all risks associated with participation and agree to release, waive, discharge, and hold harmless the City of Canton, Mississippi, its elected officials, officers, employees, agents, volunteers, departments, and representatives from any and all claims, liabilities, demands, actions, damages, losses, expenses, or causes of action arising out of or related to participation in the program, except to the extent prohibited by law.

I understand that participation does not constitute employment with the City of Canton and that no wages, benefits, or compensation are guaranteed unless otherwise authorized in writing.

I authorize the City of Canton to seek emergency medical treatment on behalf of the participant if necessary and if a parent, guardian, or emergency contact cannot be reached in a timely manner.

I acknowledge that I have read and understand this Release of Liability and Hold Harmless Agreement and voluntarily agree to its terms.

Participant Name (Print): _____

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

PHOTO, VIDEO, AND MEDIA RELEASE

I hereby grant permission to the City of Canton to photograph, videotape, and otherwise record my participation in City-sponsored internship, volunteer, and community service activities. I authorize the City to use such photographs, video recordings, and other media for educational, promotional, informational, and public relations purposes in print, online, social media, and other communications without compensation.

- YES, I grant permission.
- NO, I do not grant permission.

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Return application to Dr. Chuonna Anderson via email at canderson@cantonms.gov or by mail to:

**City of Canton
Attn: Dr. Chuonna Anderson
226 E. Peace Street
Canton, MS 39046**

CITY OF CANTON USE ONLY

Date Application Received: _____

Program Assigned: _____

Department Assigned: _____

Supervisor: _____

Start Date: _____

End Date: _____

Approved By: _____

Date Approved: _____

Notes:
