

CITY OF DADE CITY

Student Internship Program

Student Intern Application

Submit complete packet to: Human Resources Department | 38020 Meridian Ave, Dade City, FL 33525

Before You Submit — Required Documents Checklist

Your application packet is not complete until all of the following items are included. Incomplete packets will not be processed.

- ☐ Completed and signed Student Intern Application (this form)
- ☐ Current resume
- ☐ Three (3) letters of recommendation (teachers, coaches, employers, clergy, or similar)
- ☐ Current school transcript demonstrating active enrollment
- ☐ Personal statement (see Section 4)
- ☐ **Completed and notarized Parent/Guardian Consent Form (REQUIRED for all high school applicants — Section 6)**
- ☐ Return completed application via email to both Tdison@dadecityfl.com and Mvanerven@dadecityfl.com

SECTION 1 — Student Information

Full Legal Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

City: _____ State / ZIP: _____

Phone Number: _____ Email Address: _____

Emergency Contact Name & Phone: _____

SECTION 2 — Educational Background**Current School / Institution:** _____**School Address:** _____

Current enrollment level:

☐ High School
(10th Grade)☐ High School
(11th Grade)☐ High School
(12th Grade)☐ Undergraduate —
College/University☐ Graduate /
Post-Graduate**Current Grade /
Year:**

**Expected
Graduation
Date:**

Field of Study / Major (if applicable): _____**Current GPA (if applicable):** _____**Guidance Counselor / Academic Advisor
Name & Phone:**

SECTION 3 — Placement Preferences & Availability

I am applying for: (select all that apply)

☐ City Department
Placement☐ Community Business
Placement☐ Either — no preference**Preferred field(s) of interest or area of study
relevant to this internship:**

Compensation preference:

☐ Paid internship☐ Unpaid / academic credit
only☐ Either

**Earliest available
start date:**

**Hours
available per
week:**

**Any scheduling limitations or restrictions we
should know about:**

SECTION 4 — Personal Statement

In the space below, describe what you hope to learn and achieve through this internship, how it relates to your educational or career goals, and what strengths you bring to the program. Minimum 150 words.

Personal Statement:

SECTION 5 — Student Certification & Signature

By signing below, I certify that:

- All information provided in this application is true, accurate, and complete to the best of my knowledge.
- I understand that active student enrollment must be maintained throughout the entire internship period, and that I am required to notify the City of Dade City Human Resources Department immediately if my enrollment status changes.
- I understand that submission of this application does not guarantee placement in the internship program.
- I agree to comply with all City of Dade City workplace policies, rules, and procedures during the internship.
- I authorize the City of Dade City to verify my enrollment status and academic standing with my school or institution as needed.

Student Signature

Printed Name

Date:

SECTION 6 — Parent / Guardian Consent, Authorization & Notarization

REQUIRED for all applicants who are currently enrolled in high school (under age 18). This section must be completed, signed, and notarized before the application will be accepted.

Student Identified in This Application**Student's Full Legal Name:**

Date of Birth:

I, the undersigned parent or legal guardian of the minor student named above, hereby:

1. Consent to and authorize **my minor child's application to and participation in the City of Dade City Student Internship Program**, including any placement with a City department or registered Community Business Partner.
2. Acknowledge that I have read and understand the **City of Dade City Student Internship Program Guidelines & Procedures**, and that I consent to my minor child abiding by all City workplace policies, rules, and procedures during the internship.
3. Authorize the City of Dade City and any approved Community Business Partner to **supervise, direct, and assign work tasks** to my minor child in accordance with the scope of the internship as described in the program guidelines.
4. Authorize the City of Dade City to **verify my minor child's enrollment status and academic standing** with the student's school or institution as needed throughout the internship period.
5. Agree to notify the City of Dade City Human Resources Department immediately if my minor child's enrollment status changes or if I wish to withdraw my consent for the student's continued participation in the program.
6. Certify that all information provided in this consent form is true and correct to the best of my knowledge, and that I am the legal parent or guardian of the minor student named herein.

Parent / Guardian Information**Full Legal Name of Parent / Guardian:**

Relationship to Student:

**Home/Cell
Phone:**

Work Phone:

Email Address:

Home Address (if different from
student's):

Parent / Guardian Signature

By signing below, I confirm that I am the legal parent or guardian of the minor student identified in this application, that I have read and understood all of the foregoing consent provisions, and that I execute this consent freely and voluntarily.

Signature of Parent / Guardian

Printed Full Name of Parent / Guardian

Date:

Notarization of Parent / Guardian Consent

The signature of the parent or guardian must be notarized. The notary must witness the signature; signatures obtained outside the presence of the notary will not be accepted.

NOTARY ACKNOWLEDGMENT — STATE OF FLORIDA

STATE OF FLORIDA

COUNTY OF PASCO

Before me, the undersigned authority, personally appeared _____, who is personally known to me OR who produced _____ as identification, and who, being duly sworn, deposes and states that he/she/they are the **parent or legal guardian of the minor student** named in the foregoing document; that he/she/they executed the same freely and voluntarily for the purposes therein expressed; and that all statements contained therein are true and correct to the best of his/her/their knowledge and belief.

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

(Affix Notary Seal Here)

Signature of Notary Public, State of Florida

Printed Name of Notary Public

My Commission Number

My Commission Expires

For HR Use Only — Do Not Write Below This Line

Date application received:

Reviewed by (HR staff name):

Application status: ☐ Complete ☐ Incomplete — items missing ☐ Referred to department

Department / business partner referred to:

Notes:

Date application received:

Reviewed by (City Manager):

Application status: ☐ Complete ☐ Incomplete — items missing ☐ Referred to department

Department / business partner referred to:

Notes: