



**THE CITY OF HOPKINSVILLE
SUMMER IN THE CITY
INTERNSHIP PROGRAM
PROGRAM DESCRIPTION & REQUIREMENTS**

The *Summer in the City Internship Program* offers high school junior and seniors an opportunity to learn about the city while gaining important job skills that can be applied to future careers. 2019 will mark our 13th class of interns.

Up to seven (7) interns will be selected to participate in the program. Interns will have primary assignments through the Administration, Fire, or Police Departments. Those interns who successfully complete at least 60 participation hours during the course of the three-week program will receive a **\$500 check**, a **letter of recommendation**, and the opportunity to learn about city government while gaining valuable career experience in **an office setting**. Interns who fail to successfully complete the program will not receive payment or a recommendation.

To be eligible for the program, an applicant must be:

- ❖ a high school junior or senior in Christian County at the time of selection (Class of 2019 or 2020)
- ❖ 16 years old by June 1, 2019
- ❖ selected through a competitive application and interview process
- ❖ responsible for providing their own transportation to and from work

Some program projects include:

- ❖ working on special projects
- ❖ assisting with city programming and events
- ❖ completing workplace readiness and interview technique training
- ❖ entering archival material into databases and providing administrative support
- ❖ conducting community outreach and providing constituent services

APPLICATION INSTRUCTIONS

Use the following checklist to be certain that all requested information has been provided. Make a copy of your complete application, including these instructions, for your personal records before submission to the City. All application materials must be typed or printed legibly in ink.

Each complete application package must include the student's:

- | | |
|---|---|
| <input type="checkbox"/> completed application form | <input type="checkbox"/> signed parental consent form |
| <input type="checkbox"/> personal essay | <input type="checkbox"/> photograph |
| <input type="checkbox"/> educational transcript from his/her school | |

Incomplete application packages will not be considered. Completed application packages, including all required documentation, **must be received no later than 4:30 p.m. on Friday, April 12, 2019**, at the City of Hopkinsville, Attn: Summer in the City Internship Program, 715 South Virginia Street, Hopkinsville, KY 42240; by fax at (270) 890-0202; or by email to ndurham@hopkinsvilleky.us.

Application finalists meeting all program requirements may be offered a personal interview. If an interview is offered, it will be conducted **April 15** through **April 19** (tentative). Intern selection notices will be mailed to all applicants by **April 22**. Selected applicants will receive additional information and instructions at that time. The program will be held from **June 3** until **June 21**.

Have questions? Contact Nikki Durham by e-mail at ndurham@hopkinsvilleky.us or by phone at 270-890-0215. Program application forms are also available for download at www.hopkinsvilleky.us/summer.



**THE CITY OF HOPKINSVILLE
SUMMER IN THE CITY
INTERNSHIP PROGRAM APPLICATION**

All applications must be typed or printed legibly in ink.

Today's Date: _____

Last Name: _____ First Name: _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ Length of residence in Christian Co.: _____

Email Address _____

Graduating Class of: (check one) 2019 2020 Will you be 16 by June 1st?: (check one) Yes No

Which school do you attend? (check one) CCHS HCA HHS UHA

List school and community involvement (ex. club memberships, leadership positions, teams).

Indicate special awards and recognition.

List your computer skills/program knowledge.

Attach a brief essay (300 words maximum) about why you should be selected as a City of Hopkinsville summer intern. Please indicate which areas of the program interest you most. _____



**THE CITY OF HOPKINSVILLE
SUMMER IN THE CITY
INTERNSHIP PROGRAM PARENTAL CONSENT FORM**

A **parent** or **legal guardian** of any student applying to participate in this program must read this form, sign it, and return it to the City of Hopkinsville with the student's application and essay no later than **April 12, 2019**.

I authorize my child to participate in the **Summer in the City Internship Program** and grant school officials permission to provide a current educational transcript, which I understand may be considered during the selection process.

I am aware that this is a highly competitive program with only a few students receiving selection. If selected, I understand that my son/daughter will be offered the opportunity to participate in this program. If the offer is accepted, my son/daughter agrees to participate for the duration of the program. I understand my son/daughter must successfully complete the entire program to be eligible to receive any stipend, including compliance with all electronic device acceptable use and confidentiality policies.

I authorize the city to photograph my son/daughter and to publish those photographs and student comments on the city's website and/or in other publications.

I understand that my son/daughter will be responsible for his/her own transportation to and from City Hall each day. I understand the City of Hopkinsville may provide transportation to interns as part of the program for purposes to include but not be limited to research, participation in special projects, meeting attendance, and completing independent study projects. I grant my son/daughter permission to travel with City employees and/or in City vehicles as part of this program. I understand that no one under the age of 21 will serve as a driver and that interns will not be transported outside Hopkinsville city limits.

I have reviewed and concur with the information provided by my son/daughter in completing the application materials and will attest to its accuracy and truthfulness.

I hereby release and hold the City of Hopkinsville harmless as well as its employees and volunteers from all liability for any accidents, injuries, or harm that may occur while engaged in such travel or otherwise participating in the program.

I, _____ (parent/legal guardian's full name), am the

(lawful parent/legal guardian) of

(son/daughter's full name) and, therefore, am
authorized to grant this permission.

Parent/Guardian's Signature

Date

Mailing Address

Apt.

City

State

Zip Code

Home Phone

Work Phone