



Andy Schor, Mayor

Human Relations and Community Services (HRCS) Department
Joan Jackson Johnson, Ph.D., Director – 517.483.4477
Internship Application and Disclosure

Last Name: _____ First Name: _____

Telephone: _____ Cellular: _____

Email: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Temporary Address: _____

City: _____ State: _____ Zip: _____

Internship/Educational Information

Period desired for Internship: _____ through _____

Days/Hours of Availability: Mon. _____ Tues. _____ Wed. _____

(ex. 8:30am – 1:30 pm) Thurs. _____ Fri. _____ Weekends _____

Educational Institution: _____ Degree Field: _____

Currently Attending: Yes No

Will Credit Be Received: Yes No

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

Please submit **Application, Letter of Interest, Resume and Two Letters of Recommendation** to:

Renee Morgan Freeman, Department Coordinator, HRCS

124 W. Michigan, 4th Floor, Lansing, MI 48933 – 517.483.4477 Renee.Freeman@lansingmi.gov or fax to 517.377.0078

I understand that:

1. As a volunteer, I will NOT receive pay or other compensation for services rendered;
2. That I am not considered a City of Lansing employee and that this is a voluntary position;
3. I further understand that there is a possibility an opportunity may be presented to become a contract employee with compensation after a determined probationary period.
4. I am to conduct myself with honesty and integrity in the performance of my duties;
5. This agreement may be terminated at any time by the intern, the educational institution, or The City of Lansing;
6. Submission of this application does not constitute acceptance;
7. I have NOT been convicted of any felonies, and do not have a criminal record or any criminal matters pending;
8. I understand that I will become privy to confidential information during my internship and agree to keep this information strictly confidential; and
9. I authorize the City of Lansing to conduct a background check.

By signing and submitting this document, I declare that the above information is true and correct. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed internship.

Applicant Signature

Date