To Whom It May Concern:

Thank you for your interest in an internship opportunity with the City of Holyoke. Before beginning your internship program, please review and complete the attached documents:

- Internship Application
- Internship Guidelines
- Confidentiality Agreement
- Release and Waiver of Claims
- State Ethics Commission Guidelines
- Sexual Harassment Policy
- Telecommunications Policy

For assistance, please contact the Personnel Department or your assigned internship Supervisor.

Unless otherwise specified, all documents should be returned to:

Hector Carrasquillo
Director of Personnel
Personnel Department
Holyoke City Hall
536 Dwight Street
Holyoke, MA 01040

You are encouraged to keep copies of all documents for your personal records.
CITY OF HOLYOKE
INTERNSHIP APPLICATION

Date: _________________

General Information

Name: _____________________________________________________________________

Current Address: _____________________________________________________________________

Home Phone: ________________________  Cell Phone: ________________________

Email Address: ________________________

Emergency Contact: _____________________________________________________________

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
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</table>

Internship Information

Internship Placement Title: ________________________________________________________

City Office / Department: ________________________________________________________

City of Holyoke Supervisor: ________________________________________________________

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<th>Name</th>
<th>Title</th>
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Anticipated Start Date: _________________  Anticipated End Date: _________________

School / Organization: ____________________________________________________________

Field of Study (if any): _________________  Anticipated Graduation Date (if any): _________________

Internship coordinator (if any):

<table>
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<tr>
<th>Name</th>
<th>Institution</th>
<th>Phone #</th>
<th>Email</th>
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Is this internship for credit? ________  If yes, how many hours are required? ________

Briefly describe your intended goals/purpose for this internship (attached a separate document if necessary):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
CITY OF HOLYOKE
INTERNSHIP GUIDELINES

The City of Holyoke is committed to inspiring members of the community with internship opportunities in a variety of departments and areas of interest.

Types of Internships. Members of the community may coordinate opportunities directly with department heads or supervisors who are authorized by the City and willing to participate in an internship program in particular field of work. It is required that all coordinated internships be associated with a training program of a charitable, educational, or religious institution.

Coordination of Internships. It is the policy of the City that interns work under the close supervision of a supervisor or department head who will be responsible for providing direction and oversight and monitoring the distribution and supervision of assignments. It is the responsibility of the individual seeking an internship to coordinate with the appropriate supervisor or department head in the establishment of the internship, including but not limited to the expected type of work, assignments, projects, or experiences, hours of the internship, and anticipated length of the internship.

Internships for Course Credit. Individuals coordinating internships for course credit are required to provide the City of Holyoke supervisor or department head with contact information for the internship coordinator and educational institution. It is the responsibility of the individual to communicate to the supervisor or department head all requirements including assignments, projects, papers, evaluations, or other oversight functions necessary for the completion of the internship program and receipt of course credit.

Employment. Participation in an internship program shall not be construed to be an offer of employment. At no point in time shall interns engaged in an internship program be considered employees of the City of Holyoke.

Rules and Regulations. All interns performing work for the City are required to know and abide by all City of Holyoke personnel policies as well as applicable provisions of the City of Holyoke Charter, Code of Ordinances, and Massachusetts Law. Interns are also required to know and follow any rules, regulations, policies, or procedures of the department in which they are performing work.

State Ethics Laws. All interns performing work for the City are required to know and abide by the Massachusetts State Ethics Laws of M.G.L. c. 268A. Interns are required to review the attached summary and file the signed acknowledgement statement with the City of Holyoke Clerk’s Office. Interns are also required to complete the Massachusetts State Ethics Commission online training course at www.mass.gov/ethics/ and to submit a certificate of course completion to the Clerk’s office.
Compensation. Internships are unpaid positions and interns shall receive no compensation for work performed as part of an internship program.

Liability. The City of Holyoke shall be held harmless against any and all claims, demands, suits, damages, and liabilities which may arise during the course of an internship assignment. Interns are required to sign the attached release and waiver of liability.

Confidentiality. During the course of an internship program, interns may receive or be exposed to confidential information or information that is the property of the City of Holyoke. Interns are required to sign the attached confidentiality agreement.

The City of Holyoke is an affirmative action / equal opportunity employer and agrees not to discriminate against any person with regard to the selection of interns or coordination of internship opportunities.

Acknowledged by:

Printed Name: ___________________________

Signature: ___________________________ Date: _______________
CITY OF HOLYOKE
CONFIDENTIALITY AGREEMENT

This agreement is made between __________________________ (“Intern”) and The City of Holyoke (the “City”).

The intern hereby agrees to the terms of this agreement as part of the terms of the internship program:

1. The Intern acknowledges that, in the course of work with the City, the Intern has, and may in the future, come into the possession of certain confidential information belonging to the City.

2. The Intern hereby covenants and agrees that he or she will at no time, during or after the term of the internship, use for his or her own benefit or the benefit of others, or disclose or divulge to others, any such confidential information.

3. Upon termination of employment, the Intern will return to the City, retaining no copies, all documents relating to the City's business obtained by the Intern during employment.

4. Violation of this agreement by the Intern will entitle the City to terminate the internship immediately, and will entitle the City to other legal remedies, including attorney’s fees and costs.

5. This agreement shall be governed by the laws of Massachusetts.

6. If any part of this agreement is adjudged invalid, illegal or unenforceable, the remaining parts shall not be affected and shall remain in full force and effect.

7. This agreement shall be binding upon the parties, and upon their heirs, executors, personal representatives, administrators and assigns. No person shall have a right or cause of action arising out of or resulting from this agreement except those who are parties to it and their successors in interest.

8. This instrument constitutes the entire agreement of the parties. No representation or promises have been made except those that are set out in this agreement. This agreement may not be modified except in writing signed by all the parties.

Intern: __________________________

________________________ 

________________________

________________________

________________________

City of Holyoke Supervisor:

________________________

________________________

________________________
CITY OF HOLYOKE
RELEASE AND WAIVER OF CLAIMS

I, ________________________________________, agree to the following terms and conditions regarding my participation in an internship with the department/office of __________________.

In consideration for the privilege of participating in said internship organized by the City of Holyoke (hereinafter “the City”), a municipal corporation duly established under the laws of the Commonwealth of Massachusetts and having a usual place of business in Holyoke, Hampden County, Massachusetts, I do hereby voluntarily waive any and all rights, claims, or causes of action which may arise against the City and hold harmless, release, and discharge the City, and all City departments, offices, agents, employees, and officials from all claims, present and future, known or unknown, in any manner arising out of my participation in said internship.

I hereby acknowledge that I assume responsibility for any personal or bodily injury or property damage which may befall me before, during, or as the result of my participation, and I forever release the City, and all City employees from any claim, whether it be based upon negligence, and/or inadvertent or unforeseen incidents. I further represent that I understand all the risks involved concerning my participation, and I agree that this Waiver of Liability shall be binding upon myself, my heirs, executors, administrators, and assigns.

I have read and understood this Waiver of Liability agreement and all of its terms. I understand that this Waiver of Liability is a legal document and that by signing this document that I am giving up legal rights to which I may have otherwise been entitled. I have executed this Waiver of Liability voluntarily and with full knowledge of its legal significance.

Intern:  City of Holyoke Supervisor:

_________________________  ________________________________  __________________________
Signature                  Date                             Signature                  Date

__________________________
Title