

# Kendall County Application for Student Internship



Kendall County is an equal opportunity employer committed to complying with the American with Disabilities Act and the Illinois Human Rights Act. If you require a reasonable accommodation to complete this application, please contact our Human Resource Department at 630-381-9867 or email us at [HRDepartment@kendallcountyil.gov](mailto:HRDepartment@kendallcountyil.gov).

## BACKGROUND INFORMATION ABOUT THE APPLICANT

Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip:
Phone:	Email:		

**Are you 18 years of age or older?**     Yes     No\*

*\* If you answered "no" to the above question, your parent or legal guardian must also sign this Application.*

**Which position are you applying for?**

**If no specific position, please select all Departments/Offices that you are interested in working with:**

- Administrative Services
- Animal Control
- Circuit Clerk
- Court Services
- Emergency Management
- Health & Human Services (Environmental Health)
- Human Resources
- Information & Communication Technology
- Information & Communication Technology (GIS)
- Planning, Building & Zoning
- Public Defender
- State's Attorney
- Treasurer

**Other (please specify):** \_\_\_\_\_

**\*If you'd like to learn more about each Department/Elected Office and to check availability and requirements for internships, please visit our site at the link below!\***

<https://www.kendallcountyil.gov/employment/internship-program>

**Tell us what functions of County government you are most interested in learning about and why:**

  
  
  
  

**Where did you hear about the Kendall County Internship Program?**

**I am applying for the following type of internship:**

- High School       Undergraduate       Graduate       Other: \_\_\_\_\_

**Our internships are generally unpaid, but interns can receive course credit. We may have some paid internship opportunities available in some areas of our County. Please check the box for what opportunity you are looking for:**

- Paid Internship       Course Credit       No Preference

**INTERNSHIP AVAILABILITY**

Date you would like to begin your internship: \_\_\_\_\_

Date you expect to complete your internship: \_\_\_\_\_

**Please list the days/hours you would be available to complete your internship on Monday through Friday between the hours of 8:00 a.m. to 4:30 p.m.**

	<b>Start time:</b>	<b>End time:</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

**EDUCATION**

School Attended	Years Completed (Circle)	Field or Major	Diploma/Degree	School Name
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate School:	1 2 3 4			
Trade or Correspondence:				
Other:				

**OTHER**

**Briefly explain why you are interested in an internship with Kendall County:**

**PHOTOGRAPH, FILM AND VOCAL RECORDING RELEASE**

I hereby give consent for the County of Kendall, and their respective elected officials, employees, and agents (collectively referred to herein as "County") to photograph, film and/or record me during this Internship. I also give permission for the County to use any photographs and audio and video recordings of me while participating in this Internship for promotional or publicity purposes and agree that these photographs, audio and video recordings and my name may be displayed during local presentations or published in any brochures, mass media publications, local newspapers, websites, and social media. I hereby release the County from any expectation of privacy and confidentiality while I participate in this Internship.

**Yes**                       **No**

Student's Signature: \_\_\_\_\_

Parent/Legal Guardian's Signature (if Student is under 18 years of age): \_\_\_\_\_

**ASSUMPTION OF RISK AND GENERAL RELEASE AND WAIVER AGREEMENT**

I, \_\_\_\_\_ ("Student"), elect to participate in a student internship sponsored by the County of Kendall ("Internship"). As consideration for the Student's participation in this Internship, Student and their parent/legal guardian (if Student is under the age of 18) voluntarily execute this Assumption of Risk and General Release and Waiver Agreement ("Agreement") and hereby confirm:

**1. ACKNOWLEDGMENT, CONSENT, AND ASSUMPTION OF RISKS.** By signing below, I hereby affirm my understanding that Student's participation in the Internship may involve risks not found in the Student's daily life. These risks may include, without limitation, risks involved in travel and participation in Internship activities. By signing below, I acknowledge the Internship's activities can result in illnesses, injuries and even death. I have made my own investigation of these risks; understand these risks; and assume all of these risks knowingly and willingly. I consent to Student's participation in the Internship. I also consent to Student traveling to and/or from various locations in Kendall County, Illinois to participate in the Internship's activities.

**2. HEALTH INSURANCE; MEDICAL CARE; HEALTH AND SAFETY CONCERNS.** I hereby affirm that Student has valid and current medical insurance coverage, which is adequate to cover all injuries or illnesses that Student may sustain while traveling to and from the Internship and while participating in Internship activities. By signing

my name below, I agree that Student and Student's parent(s)/legal guardian(s) will be solely responsible for payment in full of all costs of medical and dental care Student receives for all injuries and/or illnesses that Student may sustain while traveling to, from and within the Internship locations and while performing Internship activities. By signing my name below, I hereby authorize the County of Kendall, its respective elected officials, employees, and agents (collectively referred to herein as "the County") to transport and obtain emergency medical care for Student in the event that Student needs it but Student is unable to obtain it for themselves. If Student experiences serious health problems; suffers an injury; or is otherwise in a situation that raises significant health and safety concerns during the Internship, the County may contact the person whose name is provided to the County as Student's "emergency contact".

**3. GENERAL WAIVER AND RELEASE.** Knowing the risks described above, I agree, on behalf of Student and Student's family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding Student's participation in the Internship. I understand and agree that Student and Student's parent(s)/legal guardian(s) are fully responsible for the consequences of Student's own actions and that the County assumes no responsibility whatsoever for Student's actions, inactions and/or any damages resulting, in whole or in part, from Student's actions or inactions. **By signing my name below, I agree that I shall be solely responsible for any damages, injury or harm the Student may cause while participating in the Internship.** To the maximum extent permitted by law, I hereby release, hold harmless and agree to indemnify and defend (with counsel of the County's own choosing) the County from and against any present or future claims, losses, liabilities, costs and expenses (including, but not limited to attorneys' fees, expert fees and court costs) for injury to person or property, or for any other damage, which Student may suffer, or for which Student may be liable to any other person, related to Student's participation in the Internship (including, but not limited to, periods in transit to or from Student's destination). The County's participation in their defense shall not remove my duty to indemnify, defend, and hold the County harmless, as set forth above. The County does not waive their defenses or immunities under the Local Government and Governmental Employees Tort Immunity Act (745 ILCS 10/1 et seq.) and any other state and federal immunity laws by reason of indemnification or insurance.

**4. ENTIRE AGREEMENT.** This Agreement represents the entire Agreement between the County of Kendall and the Student. There are no other promises or conditions in any other Agreement whether oral or written. This Agreement supersedes any prior written or oral agreements between the County and the Student and may not be modified except in writing acknowledged by both parties.

**5. CHOICE OF LAW AND VENUE.** This Agreement shall be construed in accordance with the laws and Constitution of the State of Illinois. If any provision is invalid for any reason, such invalidations shall not render invalid other provisions that can be given effect without the invalid provision. Venue for any legal proceedings between the parties shall be the Circuit Court of Kendall County, Illinois.

***By signing my name below, I hereby affirm that all information provided in my Internship Application is true and correct to the best of my knowledge; I have carefully read and freely sign this Agreement; and I agree to be bound by all of the terms and conditions set forth in this Agreement.***

Student's Name (printed): \_\_\_\_\_  
Student's Signature: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

***If Student is under 18 years of age, Student's parent/legal guardian must sign below.***

Parent/Legal Guardian's Name (printed): \_\_\_\_\_  
Parent/Legal Guardian's Signature: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION FORM AND RESUME TO:**

Kendall County Human Resources Department  
111 W. Fox Street, Suite 215  
Yorkville, IL 60560  
[HRDepartment@kendallcountyil.gov](mailto:HRDepartment@kendallcountyil.gov)