



Pender County Government

Future Leaders

Summer Internship Program

The Pender County Future Leaders Internship Program is a paid summer internship that aims to empower local youth by providing them with valuable hands-on experience in various professional fields of Local Government. Through mentorship, skill development, and exposure to community initiatives, the program seeks to cultivate leadership qualities and enhance career readiness. By connecting students with mentors in Local Government, the internship fosters a sense of civic engagement and encourages participants to contribute positively to Pender County, ultimately preparing them for future educational and career opportunities.

Please complete the application packet and return all documents to your school guidance counselor or Pender County Government at 801 S. Walker Street, Burgaw, NC 28425 or email to kwicklinebennett@pendercountync.gov

Application Packet deadline: March 14th, 2025

Requirements

- Pender County Schools- Rising High school Senior or Junior
- NC Driver's license
- 2.5 GPA – Minimum
- Completed Application Packet, essay and 3 References (2 teachers, 1 general)
- Parental Consent Form and Liability Waiver Form

Applicants that are selected to participate in this paid internship program will be required to pass a background check and drug screen prior to starting the program. The program is expected to be a 9-week paid internship from June 9th through August 6th, 2025.

Future Leaders Internship Application

Date: _____

Applicant Name: _____

Address: _____

Phone Number: _____

Email Address: _____

What School do you attend: _____

Grade: _____

GPA: _____

Please answer the following Questions to the best of your knowledge

Question	Yes or No
Do you have a valid NC Driver's License?	
Can you obtain a NC Work Permit?	
Can you, after employment, submit proof of your legal right to work in the United States?	

Guidance Counselor/Teacher Reference Form
Pender County Government
Future Leaders Internship Program

Each applicant must complete at least two Guidance Counselor/Teacher reference forms. This reference form must be completed by a current teacher or guidance counselor. If returned to the student, the reference form must be in a sealed, signed envelope.

Applicant Name: _____

Reference Name: _____

Personal Evaluation of Applicant

Class: _____

Average Grade: _____

Number of Days Absent: _____

Number of Days Tardy: _____

Please list and explain any behavioral/conduct issues, as well as any documents instances of the applicant being sent to ISS or OSS, or being written up for any reason:

Would you recommend that we accept this applicant into our program? _____

Please briefly describe why you would recommend this applicant: _____

Signature: _____ **Title:** _____

Contact Number: _____ **School:** _____

Thank you for helping make this opportunity available to your students. Please send this completed form to Pender County Human Resources, 801 S. Walker Street, Burgaw, NC 28425 or kwicklinebennett@pendercountync.gov by March 21st, 2025.

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General Reference Form
Pender County Government
Future Leaders Internship Program

Applicant Name: _____

Reference Name: _____

In what context have you known the applicant? _____

On a scale from 1 to 5, (with 5 being the best) please rate the applicant based upon your experiences:

- _____ Interactions and Relationships with others
- _____ Handles Stress
- _____ Dependability
- _____ Dedication to a job/task at hand
- _____ Energy Level
- _____ Ethics and Integrity
- _____ Overall opinion of Applicant

Would you recommend that we accept this applicant for our internship program? _____

Please briefly describe why you would or would not recommend this applicant for the Pender County Government summer internship program:

Signature: _____ **Contact Number:** _____

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Pender County Government Future Leaders Internship Program Parental Consent Form

Program Name: Pender County Future Leaders Internship
Organization: Pender County Government
Address: 805 S. Walker Street, Burgaw, NC 28425
Contact Number: (910)259-1200

Participant Information

Name of Student: _____
Name of Parent/Guardian: _____
Relationship to Student: _____
Address: _____
Email: _____ **Phone Number:** _____

I, the undersigned, am the parent/legal guardian of the above-named student. I hereby give my consent for my child to participate in the Pender County Future Leaders Internship Program organized by Pender County Government. I understand that this program may involve activities such as visiting County departments (Sheriff's, Health, Social Services, Emergency Management, and all others) riding in county vehicles, job shadowing and learning ways in which the County conducts business.

I acknowledge that I have been informed about the nature of the internship and its associated activities. I understand that Pender County will take necessary precautions to ensure the safety and well-being of my child during the internship.

In the event of an emergency, I authorize the staff of Pender County to seek medical treatment for my child if necessary.

Parent/Guardian Signature: _____ **Date:** _____

Liability Waiver Form

Program Name: Pender County Future Leaders Internship Program

Organization: Pender County Government

Intern Name: _____ **Parent/Guardian Name:** _____

Acknowledgment of Risks

By signing this Liability Waiver and Release, I, the undersigned, acknowledge that participation in the Pender County Future Leaders Internship Program could potentially involve inherent risks. These risks may include but are not limited to physical injury, emotional distress, damage to property, or other unforeseen consequences arising from activities during the program. I understand that these risks may result from both the actions of the participant and the actions of others.

Intern Initial: _____

Parent Guardian Initials: _____

Assumption of Risk

I, the undersigned, voluntarily and knowingly assume all risks, whether foreseen or unforeseen, arising out of my participation (or my child's participation) in the Internship Program. I accept full responsibility for any and all personal injury, illness, damage to property, or other harm that may result from participation in the program.

Intern Initial: _____

Parent Guardian Initials: _____

Release and Waiver of Liability

In consideration for allowing my child to participate in the Pender County Future Leaders Internship Program, I, for myself and my child, hereby release, discharge, and hold harmless Pender County, its directors, employees, officers, agents, volunteers, and representatives (the "Released Parties") from any and all liability, claims, demands, or actions of any kind, including but not limited to claims for personal injury, death, or property damage, which may arise out of or be in any way related to my child's participation in the program, including any transportation to and from program activities.

This release extends to all claims and liabilities whether or not caused by the negligence of the Released Parties, except for any liabilities arising from willful misconduct or gross negligence.

Intern Initial: _____

Parent Guardian Initials: _____

Medical Treatment

In the event of an emergency, I authorize the staff or agents of Pender County to seek medical treatment for my child if necessary. I understand that I will be responsible for any medical costs incurred as a result of such treatment. I further certify that my child has no known medical conditions that would prohibit their participation in the Internship Program.

Intern Initial: _____

Parent Guardian Initials: _____

Code of Conduct

I understand that Pender County may have rules and guidelines that must be followed by all participants. I agree that my child will adhere to these rules and understand that failure to do so may result in immediate dismissal from the program.

Intern Initial: _____

Parent Guardian Initials: _____

Consent to Use of Photographs/Videos

I grant permission to Pender County to take photographs or videos of my child during the program and to use such media for promotional, educational, or public relations purposes, without compensation to me or my child.

Intern Initial: _____

Parent Guardian Initials: _____

Parent/Guardian Acknowledgment

I, the undersigned, affirm that I am the legal parent or guardian of the participant named above. I understand the nature of the Pender County Future Leaders Internship Program and agree to all of the terms and conditions outlined in this liability waiver. I also agree to discuss this waiver with my child and ensure that they understand their responsibilities and the risks involved.

Participants Signature: _____ **Date:** _____

Parent/Guardians Signature: _____ **Date:** _____

Notary Public Acknowledgement

State of _____, County of _____

I, _____ a notary public for said State and County, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of this form. Witness my hand and official seal this the _____ day of _____.

My commission expires _____

Signature of Notary _____

(SEAL)