

**Internship Announcement:** Sumter County is seeking two (2) paid Emergency Management Interns for the Spring/Summer 2018 semesters.

**Pay Rate:** \$10.00 an hour

**Intern Supervisor:**

David Casto, Emergency Management Director

**Internship Objective/Job Description:**

Provide an opportunity to gain experience in the field of emergency management/public administration. The internship should strengthen area(s) where the student is lacking in real-world knowledge and experience. Interns will participate in project planning and implementation, develop and update emergency management plans, and work inside the Emergency Operations Center during activations.

**Position Responsibilities:**

Assist in developing, reviewing and updating various emergency management plans. Conduct post-event reviews of real-world incidents and exercises. Assist in tracking and implementing corrective actions. Assist with providing emergency planning assistance to healthcare providers. Assist in promoting a "culture of preparedness" to the public. Participate in training and networking opportunities.

**Note:**

In case of emergency or crisis situation (hurricane, flood, etc.) position maybe required to respond/perform recovery duties as assigned by immediate supervisor.

**Desired Skills/Experience:**

Data entry, communications skills and database management. Understanding of Microsoft Office.

**Recommended Training:**

IS-100, "Introduction to ICS", IS-200, "ICS for Single Resources and Initial Action Incidents", IS-700 "Introduction to NIMS", IS-800 "National Response Framework" Students will be given the opportunity to work on their FEMA Professional Development Series.

**Desired Majors:**

Students must have a focus in Emergency Management, Public Safety, Public Administration or Public Health.

**Intern Information:**

Intern is not to exceed 24 hours per week. The internship will not exceed the length of six (6) months.

**To Apply:**

Please submit the following documents no later than January 12, 2018 at 5:00pm.

- Sumter County Internship Enrollment Form
- Resume

The application documents can be submitted to:  
Sumter County Employee Services  
Employee.services@sumtercountyfl.gov

**Internship Program Enrollment Form**

Date: \_\_\_\_\_

**I. PERSONAL INFORMATION (Please Print)**

Name: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

**II. ACADEMIC INFORMATION**

College/University: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Classification:     Freshman     Sophomore     Junior     Senior     Grad

**III. INTERNSHIP OPPORTUNITIES**

Please list, in order of preference, the internship positions you would like to pursue.

POSITION	DEPARTMENT
1. _____	_____
2. _____	_____
3. _____	_____

**IV. EXPERIENCE**

Please list any work, internship, volunteer experience, and/or skills which are relevant to the position you seek.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. HOURS OF AVAILABILITY

Please list your approximate hours of availability (e.g. 8AM – 12PM) in the spaces provided.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## VI. PERSONAL REFERENCES

Please list the contact details of at least two people (excluding family members) who have known you for a minimum of one year.

Name: \_\_\_\_\_ Telephone: (home) \_\_\_\_\_

Address: \_\_\_\_\_ (work) \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Address: \_\_\_\_\_ (work) \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Address: \_\_\_\_\_ (work) \_\_\_\_\_

\_\_\_\_\_

## VII. CERTIFICATION

### NOTICE TO INTERN OF INTENT TO OBTAIN BACKGROUND INFORMATION

By this document, the County discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained as part of the internship background investigation. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure and to authorize Employee Services to obtain such consumer reports as part of the internship background investigation. This authorization shall remain on file and shall serve as an ongoing authorization for Employee Services to obtain these reports at any time during your internship with Sumter County.

Before we may obtain this information your written authorization is required. You have the right to decline authorization for us to obtain this information. However, we will not consider you for an internship if you decline. Please read the release carefully before signing.

**WRITTEN AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION**

I have read the Notice to Intern of Intent to Obtain Background Information. I understand that I have the right to decline authorization for Employee Services to obtain this information concerning me. I understand this may concern information regarding any public record of any convictions for felonies or first-degree misdemeanors, civil judgments, my driving record and insurability, and/or my character, personal characteristics and general reputation.

- Understanding these rights,  I **authorize** release of this information.
- I **do not authorize** release of this information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last (Maiden)

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

**Driver's License Number** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_

I authorize the Employee Services Department to verify information on this application and to perform a background check as it applies to the internship opportunity in which I expressed an interest. I have no objection to having my record cleared as through appropriate law enforcement agencies. I understand that all information collected during the check will be kept confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_