**Internship Application**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ **Date of Application**:

**Contact Information**

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

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_

Email (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_           Cell Phone: \_\_\_\_\_\_\_\_\_        \_

**Which term are you applying for?** (check one)

          **Fall** (**Application Deadline: August 15th**) September 1st – December 1st

          **Summer** (**Application Deadline: May 1st**) May 15th –August 15th

Is the completion of this internship program a requirement for you to graduate? Yes □ No □

**Availability:** (check all that apply)

      Monday/Hours Available:

      Tuesday/Hours Available:

      Wednesday/Hours Available:

      Thursday/Hours Available:

      Friday/Hours Available:

**Education**

Year: (circle one) Fr/Soph/Jr/Sr

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

Major/Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_ Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications and Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional or Educational Memberships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current GPA: \_\_\_\_\_\_\_

Describe any experiences you have that may prepare you to work as an intern in the field of Exercise-Based Recovery for people with spinal cord injuries and neurological disorders.

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

Have you ever been convicted of a crime?       Yes        No

[If yes, please explain the nature of the crime and the date of the conviction and disposition; please exclude any convictions that have been expunged or for which your criminal record has been sealed by a court of competent jurisdiction.] Conviction of a crime is not an automatic disqualification for internship.

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

**References:**

Please list three people who know you well and can attest to your character, skills and dependability. Include your current or last employer.

Name/Organization Relationship to You Phone Length of Relationship

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following carefully before signing this application:**

I understand that this is an application for and not a commitment or promise of internship opportunity. I certify that I have and will provide information throughout the selection process that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for an internship position. I certify that I am in good physical condition and can perform all outlined job functions listed in the Internship Outline. I understand that information contained on my application will be verified by Stay In Step. I understand that any misrepresentations or omissions may result in my being ineligible to serve as an intern with Stay In Step Spinal Cord Injury Recovery Center.

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

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

By submitting this form, and for consideration of your participation in the Internship Program with Stay in Step SCI Recovery Center you agree to the following:

**1. CONFIDENTIALITY**

You agree to not disclose any information regarding clientele as it is deemed confidential property of Stay in Step SCI Recovery Center.

**2. DISCLAIMER**

Stay in Step SCI Recovery Center assumes no liability whatsoever for the acts, intentional, negligent or otherwise, of persons participating in this program. Furthermore, by instituting the program, Stay in Step SCI Recovery Center neither makes any offer of employment, nor any guarantee regarding the employment or compensation of any person under the program. This program does not provide any expressed or implied authorization for you to teach others about SCI techniques or any other information or skill.

**3. INDEMNIFICATION**

You agree to indemnify and hold Stay in Step SCI Recovery Center harmless against any loss, liability, damage, cost or expense (including reasonable legal fees) arising out of any claims or suits made against Stay in Step SCI Recovery Center by reason of your performance or non-performance under this Agreement. If Stay in Step SCI Recovery Center seeks indemnification under this Section, Stay in Step SCI Recovery Center will immediately notify you in writing of any claim or proceeding brought against it for which it seeks indemnification under this Agreement.

**4. LIMITATION OF LIABILITY**

In no event shall Stay in Step SCI Recovery Center or its suppliers, vendors or contractors, be liable for any claims, losses, or liabilities for personal injury, or property damage that may have or claim to have, or which may hereafter accrue to me, as a result of my participation at Stay in Step SCI Recovery Center, even though that liability may arise from negligence or carelessness on the part of Stay in Step SCI Recovery Center, from dangerous or reflective property or equipment owned, maintained, or controlled by Stay in Step SCI Recovery Center. I understand and agree that this release is binding on my heirs, assigns personal and legal representatives and next of kin.

**5. MISCELLANEOUS**

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activities as required by Stay in Step SCI Recovery Center, and have not been advised to not participate by a qualified medical professional. I certify that I have no health-related reasons or problems which preclude me from participation with Stay in Step SCI Recovery Center.

**Governing Law:** This agreement will be governed by and construed according to the

laws of the State of Florida.

**Entire Agreement:** This Agreement constitutes the entire agreement between the

parties with respect to the subject matter hereof, and supersedes and replaces all prior

and contemporaneous understandings or agreements, writer or oral, regarding such

subject matter.

**Legal and Equitable Remedies:**As an Intern participant you may have access to and

become acquainted with Proprietary Information of Stay in Step SCI Recovery Center; Stay in Step SCI Recovery Center shall have the right to enforce this agreement and any of its provisions by injunction, specific performance or other equitable relief without bond, without prejudice to any other rights and remedies that Stay in Step SCI Recovery Center

may have for breach of the agreement.