



INTERNSHIP APPLICATION

Today's Date: _____

Contact Information

Name: _____	Date of Birth: _____
Address: _____	City, State, ZIP: _____
Phone: _____	Email: _____

Internship Information

School Name: _____	Major: _____	
Program Contact: _____	Phone: _____	
Start Date: _____	End Date: _____	Hours Required: _____
Which days and hours are you available:		
__:__ to __:__ Monday	__:__ to __:__ Tuesday	__:__ to __:__ Wednesday
__:__ to __:__ Thursday	__:__ to __:__ Friday	
Any physical limitations: _____		
What skills can you contribute to the organization: _____		

What experience do you have in this area: _____		

Emergency Contact

Emergency Contact: _____	
Relation to Contact: _____	Phone: _____

All applicants must answer the following questions. Failure to answer honestly will disqualify the applicant from service as an intern with our organization.

Are you fully vaccinated for COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the dates: _____
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
By signing below you agree that all of the information you have provided in this application are true to the best of your knowledge:
Signature: _____ Date: _____

CONTINUED ON OTHER SIDE



Confidential Information

- a. *Disclosure Prohibited.* Observer acknowledges that, in the course of this observation, Observer will become acquainted with confidential information belonging to Prime Sports Institute and their Independent Contractors (Momenta Physical Therapy, Precision Physical Therapy and Summit Sports Chiropractic). Observer may not, at any time during the period of Observer's observation hours or thereafter, except as authorized in writing by Prime Sports Institute and their Independent Contractors (Momenta Physical Therapy, Precision Physical Therapy and Summit Sports Chiropractic), directly or indirectly, use, disclose, reproduce, or in any other way publicly or privately disseminate any "Confidential Information" as defined.

- b. *Definition.* "Confidential Information" means all information not generally known to the public, which relates to the business of Prime Sports Institute and their Independent Contractors (Momenta Physical Therapy, Precision Physical Therapy and Summit Sports Chiropractic). By way of example, confidential information includes, but is not limited to, information relating to Prime Sports Institute and their Independent Contractors (Momenta Physical Therapy, Precision Physical Therapy and Summit Sports Chiropractic) clients, marketing and financial information and plans, processes, procedures and policies and other private information nor generally known to the public disclosed to or known by the Observer in connection with his/her observation hours at Prime Sports Institute.

Signature: _____ Date: _____