

## Rosie's Garage 2022-2023 Internship Application

	Middle	Last Name
Street Address		
CityS	tateZip cod	de Home/Cell Phone
Email		
Male / Female Shirt (Circle One) (Circle		L XL Date of Birth:
Physical limitations (Be specific; if none, write no	one)	
Your availability:		
Hours per week (Specify)		Preferred days
EXPERIENCE		
In lieu of completing this secti	on, I have submitt	ed a resume, which shall be attached to this application.
IN CASE OF EMERGEN	CY, PLEASE N	OTIFY
1) Name		Relationship
Phone		
2) Name	R	elationship
Phone		
and proof of automobile insura one? Yes No  As an intern, I agree to insurance. I agree to	ion that requires dance. Are you able o provide a valid d mail or deliver cop mediately notify m	riving, Rosie's Garage requires a valid driver's license e to use your automobile if the intern position requires river's license number and proof of automobile ies of these documents to Rosie's Garage to file with this y employer if my driver's license is restricted,
Insurance carrier		Policy #
Driver's License		State issued
Expiration date		
Signature of applicant		



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## **CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor pending against you? Yes No	r or felony, or are any misdemeanor or felony charges
If yes, please explain below. Note, answering ye becoming an intern, but will be considered with relationships to intern responsibilities. Some int	respect to time, circumstances, seriousness and tern positions may require a background check. If you are provided with a separate criminal background check
the best of my knowledge and belief. I understand understand that falsification on this application of intern services being denied. Furthermore, my s	made on this application are true, complete and correct to nd these statements are subject to verification. I can disqualify me from consideration or result in my ignature below provides my authorization to the nonprofit cord checks as needed, as well as reference checks to
I hereby release all parties from any liability for	furnishing this information.
Signature of Applicant	
	Date
Parent/Guardian signature needed if applicar	nt is under 18 years of age
Parent/Guardian signature	Date
ACCIDENT WAIVER AND	RELEASE OF LIABILITY FORM
limitation, any risks that may arise from negliger	JME ALL OF THE RISKS OF PARTICIPATING IN IE'S GARAGE, including by way of example and not nee or carelessness on the part of the persons or entities ipment or property owned, maintained, or controlled by ut fault.
Rosie's Garage, and have not been advised to no	y prepared or trained for participation in activities at of participate by a qualified medical professional. I certify ms which preclude my participation in activities at
	elease of Liability Form will be used by the event holders, ch I may participate, and that it will govern my actions
In consideration of my application and permittin	g me to participate in activities, I hereby take action for

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the sites, activities, events, volunteer/intern/employment, and field

myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:



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trips, ROSIE'S GARAGE and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in ROSIE'S GARAGE and/or their directors, officers, employees, volunteers, representatives, agents, the activity holders, and sponsors, whether caused by the negligence of release or otherwise. I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that activities, events, volunteerism, internships, and work at Rosie's Garage may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of Rosie's Garage or it's activities, events, employment of any form. These risks are not only inherent to participants, but are also present for interns.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during my time at Rosie's Garage or its related activities, events, and employment.

I understand while participating in Rosie's Garage, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I understand that should my behavior, deportment, services, outcomes, or performance not be satisfactory to Rosie's Garage and/or their directors, officers, and management, I can be dismissed and my contract revoked without explanation or pay. I understand that I am responsible for my own actions and behavior and promise to maintain regular consistency in my schedule as defined by Rosie's Garage. Should I violate any rules of conduct, work, volunteer, or intern hours and schedule I understand Rosie's Garage and/or their directors, officers, and management may terminate my services without pay, reference, or explanation.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Applicant's Signature		
Applicant's Name	Date	
Parent/Guardian Signature		
(ONLY NECESSARY if applicant is	under 18 years old. Parent or G	uardian must also sion