

# Equine Welfare Data Collective



## Internship APPLICATION FORM

**(YOU WILL BE CONTACTED *ONLY IF* EWDC WISHES TO PURSUE THIS APPLICATION).**

**(Submit all applications to Emily Stearns via email at [EWDC@HorseCouncil.org](mailto:EWDC@HorseCouncil.org))**

Last Name

First/Given Name

Date of Birth (Day/Month/Year)

Type of Internship requested:

- Level 1: Up to 10 hrs per week
- Level 2: Up to 20 hrs per week
- Level 3: 30-40 hrs per week

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

Date available for internship. From:

To:

\_\_\_\_\_

What are your preferred areas of work?

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

What are your objectives in undertaking an internship with EWDC? What do you hope to gain through this internship?

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

Higher Education (College and/or University, or equivalent)

<u>Institution</u> (Name, Place, Country)	<u>Month/Year</u> <u>Attended</u>	<u>Degrees Obtained</u>	<u>Major Subjects of Study</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grade Level:    freshman \_\_\_\_\_    sophomore \_\_\_\_\_    junior \_\_\_\_\_    senior \_\_\_\_\_    Graduate Student \_\_\_\_\_

Degree(s) Expected:

Career Plans:

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Employment: Please describe any previous practical experience you may have had.

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Reference: Indicate the name of your scientific adviser or the Dean of the Faculty who can recommend you for the internship and describe your character and qualifications.

Full Name

Full Address

Business or Occupation

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Your Address:

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Telephone No.:

E-mail Address:

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Insurance: I hereby confirm that I hold a health/accident insurance policy with the

\_\_\_\_\_ Company. My policy number is \_\_\_\_\_

In case of emergency notify: Name: \_\_\_\_\_

Address/Telephone: \_\_\_\_\_

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INTERNSHIP AGREEMENT

This is an agreement among \_\_\_\_\_ (“Intern”), and American Horse Council (“Company”). The purpose of this educational internship is for Intern to learn about Company’s business and to gain valuable insight and experience. The term of this internship begins on \_\_\_\_\_ and ends \_\_\_\_\_.

### Conditions of the Agreement:

- The internship is related to an educational purpose and there is no guarantee or expectation that the activity will result in employment with the Company.
- The education received by the Intern from the internship is for the express benefit of the Intern.
- The Intern does not replace or displace any employee of the Company.
- The Intern will receive direct and close supervision by an appropriate supervisor.
- The Company does not derive an immediate advantage from the activities performed by the Intern.
- Intern is entitled only to agreed upon stipend of \_\_\_\_\_, but not entitled to any additional wages, compensation or benefits for the time spent in the internship.
- Company is not liable for injury sustained or health conditions that may arise for the intern during the course of the internship.

### The Intern specifically agrees to and acknowledges the following:

- This internship is educational in nature and there is no guarantee or expectation that the internship will result in employment.
- Company may at any time in its sole discretion, terminate the internship without notice or cause.
- Intern will maintain a regular internship schedule determined by the Intern and their supervisor.
- Intern will demonstrate honesty, punctuality, courtesy, cooperative attitude, proper health and grooming habits, appropriate dress and a willingness to learn.
- Intern will obey the policies, rules and regulations of the Company site and comply with the Company’s business practices and procedures.
- Intern will furnish his/her supervisor with all necessary information pertaining to my internship, including related assignments and reports.
- Under no circumstances will Intern leave the internship without first conferring with Intern’s supervisor.
- Housing and transportation to and from the internship site is the responsibility of the Intern.
- While Intern is on the Company premises, he/she is considered an employee or agent of Company for any purposes, including but not limited to workers compensation.
- Due to access to confidential information, all students enrolled in EWDC internships must agree to confidentiality. “Confidential information” means any information of a secret or confidential nature relating to the internship workplace. Confidential information may include, but is not limited to, the following: trade secrets, proprietary information, customer information, customer lists, methods, plans, documents, data, drawings, manuals, notebooks, reports, models, inventions, formulas, processes, software, information systems, contracts, negotiations, strategic planning, proposals, business alliances, and training materials. I agree to the following:
  - I have read and understand the above definition of “confidential information.”
  - I agree that I will not at any time, both during and after my enrollment in an EWDC internship, communicate or disclose confidential information to any person, corporation, or entity.
  - I further recognize and agree that while in an EWDC internship, I may become aware of nonpublic information of a personal nature about employees or associates, including, without limitation, actions, omissions, statements, or personally identifiable medical, family, financial, social, behavioral, or other personal or private information. I will not disclose any such information that I learn in an EWDC internship to any other person or entity, unless required by applicable law or legal process.
- Intern assumes all of the risks of participating in the internship program. In consideration of the opportunity afforded to the Intern to participate in the internship program, Intern hereby agrees that he/she, his/her assignees, heirs, guardians, and legal representatives, will not make a claim against Company or any of its affiliated organizations, or either of their officers or directors collectively or individually, or any of its employees, for the injury of death to Intern or damage to his/her property, however caused, arising from his/her participation in the internship program. Without limiting the generality of the foregoing. Intern hereby waives and releases any rights, actions, or causes or action resulting from personal injury or death to him/her, or damage to his/her property, sustained in connection with his/her participation in the internship program.

**I understand that this learning experience is not employment and that Intern is not entitled to wages or a promise of employment at the completion of the structured learning experience.**

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

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