



Internship Application

TO APPLY:

- 1. COMPLETE APPLICATION IN FULL
- 2. ATTACH MOST RECENT RESUME
- 3. ATTACH A HEADSHOT FOR PROMOTIONAL PURPOSES
- 4. SEND ALL TO SETH@CREATEDEQUAL.ORG OR THE ADDRESS BELOW.

**ATTN: SETH DRAYER
 CREATED EQUAL
 PO BOX 360502
 COLUMBUS OH 43236**

Contact Details:

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell phone (____) _____ Fax (____) _____

E-mail _____ Age _____ Date of Birth _____

School: Currently enrolled? ___ Yes ___ No (If no, skip this section)

Level: ___ College: Undergraduate ___ College: Graduate ___ High School Junior or Senior

Name of School _____

Current or planned course of study _____

Church: Church affiliation, if any _____

Length of time attending _____

Select Program: ___ Summer Internship ___ "Gap-Year" ___ Other: _____

Personal:

How did you hear about the internship? _____

Why are you interested in an internship with Created Equal? _____

What about Created Equal's mission attracts you? _____

Does anything about Created Equal's approach concern you? _____

What do you hope to accomplish through this internship? _____

Do you have any experience sidewalk counseling at abortion clinics? If so, please explain. _____

What unique skills or qualities would you bring to the team? _____

How seriously are you considering full-time work as a preborn defender? _____

References:

List two personal references we may contact.

1. Name _____ Relationship _____
Home Phone _____ Cell _____
2. Name _____ Relationship _____
Home Phone _____ Cell _____

VOLUNTEER AGREEMENT: All Created Equal volunteers are required to certify in writing that they will abide by this Volunteer Agreement. If anyone refuses to or does not sign this agreement, that person will not be allowed to participate with Created Equal.

1. I understand that if I disregard or violate this volunteer agreement, I may be required to discontinue participation with Created Equal at the discretion of Created Equal.
2. I will always treat people with respect, even if they are angry and/or verbally abusive. I will not shout at people.
3. I will never trespass on private property or disrupt any event at which a Created Equal display takes place. I will obey all applicable laws.
4. I will direct media, university officials, or law enforcement officials to the Created Equal Director.
5. If passers-by threaten Created Equal's property, I will call for law enforcement officers. I will not attempt to physically intervene.
6. If passers-by threaten Created Equal staff, volunteers, and/or myself, I will call for law enforcement officers. If I am unable to remove myself and others from the presence of threatening persons, I understand that I am allowed to take lawful steps to protect others and myself from risk of injury.
7. I will neither carry nor have any weapons (including firearms) with me.
8. I condemn abortion-related violence in all forms.
9. I permit the use by Created Equal of any video or photos taken of me while volunteering with Created Equal for promotion or other non-commercial purpose.

I agree to these terms and hereby request acceptance to participate in:

Event Name (e.g., Summer Internship) _____ Program Dates _____

WAIVER AND HOLD HARMLESS AGREEMENT:

I agree to use my personal medical insurance as the primary medical coverage payment if accident or injury occurs. In the event that the emergency contacts listed above cannot be reached, I hereby authorize the physician or dentist selected by Created Equal to hospitalize, secure treatment, and to order injection, anesthesia, or surgery.

In consideration of my voluntary participation with Created Equal, I hereby waive all claims of action against Created Equal, Inc. and its officers, directors, employees, and agents, all of which are collectively in this waiver and hold harmless provision referred to as “the Organization”, arising out of my voluntary participation with Created Equal and hereby release, hold harmless, and discharge the Organization from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risk, I hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my participation in the event. These risks could result in damage to property, personal and/or bodily injury or death.

I have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Organization is knowingly given up in return for allowing my participation with Created Equal.

My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

I HAVE READ THE ABOVE VOLUNTEER AGREEMENT, INCLUDING THE WAIVER AND HOLD HARMLESS PROVISION, AND BY SIGNING IT AGREE TO ABIDE BY ITS TERMS. IT IS MY INTENTION TO EXEMPT AND RELIEVE THE ORGANIZATION FROM LIABILITY FOR PERSONAL, INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

If under 18, parent/guardian signature required:

_____	_____	_____
Parent/Guardian Signature	Name (printed)	Date

If 18 or older, signature of applicant required:

_____	_____	_____
Signature	Name (printed)	Date

MEDICAL INFORMATION

My insurance policy: Company _____ Policy number _____

My physician: Name _____ Phone _____

Address _____

Current medication _____

Known allergies / conditions _____

EMERGENCY CONTACTS:

****At least one contact must be a parent or guardian.****

1. Name _____ Relationship _____

Home Phone _____ Cell _____

Address _____

City _____ State _____ Zip _____

Email _____

2. Name _____ Relationship _____

Home Phone _____ Cell _____

Address _____

City _____ State _____ Zip _____

Email _____