

Break Out of Limits - Break into Real World Learning

Internship Application

| First Name: | _ Last Name: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Age by September 1: Availab | oility Date: |
| Required: (Circle one) | |
| Do you have a valid driver's license? Ye | |
| Do you have a State and Federal Background Check? Yes No | |
| If No, when can you have one completed? Date: | |
| Do you have two <i>non-family</i> character re 1.Name: | Email: |
| 2.Name: | Email: |
| Are you drug-free? No pot, street drugs, vaping, tobacco, painkillers? Yes No Are you in good health and can hike, bike, swim, and lift 40 lbs? Yes No | |
| Do you like the outdoors? Yes No Plea | |
| Do you have documentation of a Tetanu | eachers and director at BreakOut? Yes No |
| Bonus: (Use the back for explanations if needed) Are you certified in First Aid/CPR? Yes No If Yes, when and where certified? | |
| Do you have experience dealing with bo describe | ys ages 8-14? Yes No If Yes, Please |
| Do you have experience dealing with kic Yes No If Yes, please describe: | Is who have ADHD, anxiety, or mild autism? |

| Do you have experience dealing with animals? Yes No If Yes, please describe: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please describe your educational/academic experience: |
| Please describe ANY special skills you have: |
| |
| Do you have a resume? Yes No If Yes, please attach to email |
| If needed, when could we schedule a personal interview in Utah Valley? Times/Dates: |
| Can you attend one in-person training in Utah Valley which would take about 3 hours? Times/Dates: |
| How many days per week are you available for interning? 1 2 3 4 5 |
| Please circle your preferred days: M T W Th F |
| Can you commit to volunteering for 4 months? Yes No |
| Thank-you for applying for this service-learning internship! Please scan and email this form to: Dr. Dallin Richardson BreakOut@BreakOutSchool.org |
| If an interview is requested, you need to have the following documentation in hand: |
| Current Driver's License Current State/Federal Background Check documentation Current Tetanus Vaccine documentation Optional: First Aid/CPR certification Optional: Any other documents to verify skills and experience: Transcripts, credentials, classes, awards etc. |

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS The BreakOut School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It doesn't discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.