

# UNCHAINED



A Freedom Alliance

## Internship Application

Welcome Students! Thank you for your interest in UNCHAINED's Internship program. *UNCHAINED internships are unpaid and are reserved for college or university students required to complete an internship to fulfill graduation requirements. If you are not a student and are seeking a volunteer opportunity, please complete the Volunteer Application.*

*By submitting this application, you agree to UNCHAINED's screening procedures and qualifying criteria, and to adhere to UNCHAINED's policies and procedures, including confidentiality of information and a Non-Disclosure Agreement. Incomplete applications will be rejected.*

All applicants must be at least 18 years old and have no felony convictions. UNCHAINED performs background checks on applicants due to the nature and sensitivity of the work.

Applicants may not have used recreational marijuana and/or medical marijuana in the past 18 months, nor any illegal drug(s) within the past 3 years to include but not limited to: LSD, heroin, cocaine, PCP, mushrooms/Psilocybin, amphetamines, inhalants, steroids.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
(name as printed on official government -issued identification card)

Title: Mr./ Ms./ Miss/Mrs./Other \_\_\_\_\_ (circle one. If "Other", print)

Maiden Name: \_\_\_\_\_ Married Name(s): \_\_\_\_\_

Nickname(s): \_\_\_\_\_ Preferred "go-by" Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Lot: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Cell ☎: (\_\_\_\_) \_\_\_\_\_ Work ☎: (\_\_\_\_) \_\_\_\_\_ Home ☎: (\_\_\_\_) \_\_\_\_\_

Current Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's work ☎: (\_\_\_\_) \_\_\_\_\_

Current or Former Military: YES/NO (circle one)

Describe your duties/responsibilities of your current or most recent job:

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List special skills and foreign language proficiencies you have:

Are you actively seeking employment? YES/ NO (circle one)

## University/College Information

Name of School:

Address:

City:

State:

Zip Code:

Degree Program:

Anticipated Graduation Date (mmm/dd/yyyy):

Faculty Advisor Name:

Faculty Advisor Email Address:

Telephone #:

## Internship Period

Total Number Hours Requested to Fulfill Internship Requirement:

Start Date (mmm/dd/yyyy):

End Date (mmm/dd/yyyy):

Days/Times Available to Intern:

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_

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How did you hear about UNCHAINED?

Why are you interested in an internship with UNCHAINED?

**Thank you for your application.**

*UNCHAINED will contact you directly for additional personal information necessary to complete this process.*