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**INTERNSHIP APPLICATION**

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| I. Personal Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Personal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name:** | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  |  |
|  | | | | | | | Last | | | | | | | | | | | |  | | | First | | | | | | | | |  | Middle Initial |
| **Permanent Address:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | |  | | | | | | | | | | | | | | | | | |  | | State | | | |  | Zip |
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| **Telephone:** | | |  | | | | | | | | | | | | | **Email Address:** | | | | | | | | | | |  | | | | | |
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| **School/Local Address:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Birthday:** | | |  | | | | | | | | |  | |  |  | |  | | | | | | | | | | | | | | | |
|  | | | Month | | | | | | | | |  | | Day |  | |  | | | | | | | | | | | | | | | |
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| **Emergency Contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name:** | | | | | | |  | | | | | | | | | | | | |  | | | **Relationship:** | | | | | |  | | | |
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| **Daytime Telephone:** | | | | | | |  | | | | | | | | | | | | |  | | | **Evening Telephone:** | | | | | |  | | | |
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| **Address:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | City | | | | | | | | | | | | | | | | | |  | | State | | | |  | Zip |
| **Educational Background** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICMEC requires that interns have completed at least two (2) years of undergraduate studies (or working toward a Master’s or Juris Doctorate degree, depending on position).  **Please specify your current level of education.**   * Law Student * Graduate Student * Undergraduate Student * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | |  | | | | | | | | | | | | | |  | | | **City and State:** | | | | |  | | | | |
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| **Graduation Date:** | | | | | |  | | | | | | | | | | | | | |  | | |
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| College | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | |  | | | | | | | | | | | | | |  | | | **City and State:** | | | | |  | | | | |
| **Graduation Date:** | | | | | |  | | | | | | | | | | | | | |  | | | **Major:** | | | | |  | | | | |
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| **Notable Activities:** | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | |  | | | | |
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| Graduate or Trade School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | |  | | | | | | | | | | | | | |  | | | **City and State:** | | | | |  | | | | |
| **Graduation Date:** | | | | | |  | | | | | | | | | | | | | |  | | | **Major:** | | | | |  | | | | |
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| **Notable Activities:** | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | |  | | | | |
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| **Previous Work and Internship Experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list your two most recent internship and/or work experiences. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Company/Organization Name:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | City | | | | | | | | | | | | | | | | | | | | | |  | | State | | | |  | Zip |
| **Telephone:** | | |  | | | | | | | | | | | | | **Email Address:** | | | | | | | | | | |  | | | | | |
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| **Supervisor Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Start Date:** | | |  | | | | | | | | | | | | | | |  | | | **End Date:** | | | |  | | | | | | | |
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| **Duties and Responsibilities:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Company/Organization Name:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | City | | | | | | | | | | | | | | | | | | | | | |  | | State | | | |  | Zip |
| **Telephone:** | | |  | | | | | | | | | | | | | | |  | | | **Email Address:** | | | | |  | | | | | | |
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| **Supervisor Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Start Date:** | | | |  | | | | | | | | | | | | | |  | | | **End Date:** | | |  | | | | | | | | |
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| **Duties and Responsibilities:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Semester applying for:** | | | | | | | | | | | | | 🞏 Spring  🞏 Summer  🞏 Fall | | | | | | | | | | | | | | | | | | | |
| **Days and Times Available:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Positions applying for:** | | | | | | | | | 🞏 Development & Communications Internship  🞏 Information Technology Internship  🞏 Legal Research | | | | | | | | | | | | | | | | | | | | |
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| **Special Skills:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| II. Integrity | | | | | | | | | | | | | | |
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| Much of the work at ICMEC involves activities that are confidential. A breach of the trust that has been established over the years between ICMEC and its clients could adversely affect the prosecution of a case or even the successful recovery of a child. Thus ICMEC requires a background check be made of all volunteer applicants. | | | | | | | | | | | | | | |
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| List two references of people, not related to you, who are familiar with your abilities. **Include one work reference and one academic reference.** Please make your references aware that the intern coordinator atICMEC may contact them. | | | | | | | | | | | | | | |
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| **Name:** |  | | | | | |  | | **Relationship:** | | |  | |
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| **Daytime Telephone:** | |  | | | | |  | | **Email Address:** | | |  | |
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| **Name:** |  | | | | | |  | | **Relationship:** | | |  | |
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| **Daytime Telephone:** | |  | | | | |  | | **Email Address:** | | |  | |
| Have you ever been convicted of a felony? | | | |  |
|  | | | | | |  | |
| Have you ever been accused of any crimes involving a child? | | | | | |  | |
|  | | | | | |  | |
| If you answered yes to either of the above questions, please explain in detail on this page. Use the reverse side of this page and/or additional pages if necessary. | | | | | | | | | | | | | |
| By signing the statement below, you certify that the information you supplied is true and correct to the best of your knowledge.  I understand and consent to ICMEC’s policy that all interns and volunteers undergo a criminal background check upon selection as an intern or volunteer, and that background checks will be made periodically on me throughout my affiliation with ICMEC. Further, I agree to maintain the confidentiality of ICMEC’s information including its clients, and I understand that a breach of this Agreement could be detrimental to the recovery of a child and/or the prosecution of a case involving a missing or exploited child. | | | | | | | | | | | | | |
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|  | | | | | | | | | |  |  | | |
| Printed Name | | | | | | | | | | | Date | | |
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| Signature | | | | | | | | | | | | | |

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| III. Statement of Purpose, Résumé, and Transcripts | | | |
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| Please compose a one-page, typed Statement of Purpose or cover letter, including information on: | | | |
| * why you wish to intern at ICMEC; * your future career goals; * how an internship at ICMEC would be beneficial to your pursuit of those goals; and * why you are qualified to undertake this position. | | | |
|  | | | |
| **Please include the Statement of Purpose or cover letter, your current résumé, all appropriate transcripts, and writing sample with this application form.** | | | |
| IV. Intern Acknowledgement and Release | | |
|  | | |
| In consideration of participation in an internship placement with the International Centre for Missing & Exploited Children (ICMEC), I hereby acknowledge and agree as follows: | | |
| 1. The internship with ICMEC is unpaid. 2. I am not entitled to benefits (i.e., medical insurance, life insurance, paid leave) with the exception of partial travel reimbursement up to a maximum of $250.00 for the semester based on the number of days worked at the ICMEC office each week. 3. I am not entitled to paid leave, however I may request to be absent from the office (i.e., illness, vacation, other) as needed by submitting a written request to the Director of The Koons Family Institute on International Law & Policy 48 hours in advance, when possible. The written request may be submitted via email. 4. ICMEC is the sole, exclusive, and perpetual owner of any ideas, concepts, plans, creations, or work products (collectively the “Works”) produced for ICMEC, which ownership shall entitle ICMEC, among other things, to all rights, title, and interest in and to the copyright of the Works and all reproductions thereof, including the right to transform, alter, or adapt the Works and to create derivative works thereof. I shall not reproduce or authorize reproduction, publication, or use of the Works without the prior written consent of ICMEC. 5. You may request of ICMEC the right to make limited reproduction, at your own expense, of the Works for noncommercial use consistent with ICMEC’s mission, but ICMEC shall have absolute discretion whether or not to accede to your request and exercise of such discretion shall not be questioned by you before any court or tribunal whatsoever. In the event that such permission is granted, ICMEC will charge no fee for the use of the Works. 6. You warrant and represent that the Works will be original and created by you, that publication and use thereof will not infringe any copyright or any other right of any person or entity or be otherwise unlawful. You agree to indemnify and hold harmless ICMEC and its licensees from any claim, damage, loss, or expense (including reasonable attorney’s fees) arising out of any of the foregoing warranties or representations. 7. If, in connection with my participation in the internship experience, I suffer any injury, illness, loss, expense, damage, or death, that is beyond the reasonable control of ICMEC, I agree not to sue and agree to release and forever discharge ICMEC and its board of directors, officers, administrators, agents, and employees from any and all claims, demands, causes of action, costs, or expenses that can or may arise from my participation in the internship. This release and covenant not to sue is binding on my family, my heirs, my personal representative, agents, and assigns. 8. I am at least 18 years of age and legally competent to sign this document. I have read and understand everything written above, and I voluntarily sign this Acknowledgment and Release. | | |
|  |  |  |
| Printed Name | | Date |
|  | | |
| Signature | | |