

UNIVERSITY REHABILITATION ALLIANCE, INC.

APPLICATION FOR INTERNSHIP SERVICES

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, sexual preference, age, weight, height, color or handicap.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to volunteer practices, or terms, conditions, and privileges of volunteer service.

If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make the accommodation.

Full Legal Name:			
Address:	City:	State:	Zip Code:
Telephone Number(s):		Email Address:	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you volunteered, interned or been employed at Origami in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates and indicate if under a different name:			

3. Please indicate the times on each day of the week that you would be available to intern if not already scheduled (check all that apply):
- | | | |
|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Flexible | <input type="checkbox"/> Other: |

4. Can you perform the activities of the internship with or without accommodation? Yes No

5. Have you ever been convicted of a crime? Yes No
(NOTE: Answering yes to this question may not automatically preclude you from consideration)

If yes, please explain:

6. Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect? Yes No If yes, when, where and nature of the case:

7. Are you on a court-supervised probation or parole? Yes No

If yes, please explain: _____

Origami Brain Injury Rehabilitation Center
3181 Sandhill Road Mason, Michigan 48854
Phone: 517-455-0268 Fax: 517-336-6050

8. Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:

- Dept. of Commerce/Dept. of Consumer & Industry Services Yes No
- Dept. of Social Services/Department of Human Services Yes No
- A local Community Mental Health Recipient Rights Office Yes No
- Any other recipient rights office Yes No

INTERNS STATEMENT

I hereby give you my permission to contact employers, references, and educational institution(s) to verify any items provided with any method, including this application, a resume, or university provided documents. I hereby release University Rehabilitation Alliance, Inc. (DBA Origami) and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers, internship sites, schools, and references. I consent to releasing any information relating to my performance that is documented in my internship file or school record.

I also understand that because of the nature of the internship and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Commerce/Department of Consumer and Industry Services, Department of Human Services, Department of Community Health, and local Community Health agencies, or other governmental or private agencies for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release University Rehabilitation Alliance, Inc., the Department of Commerce, Department of Human Services, Department of Community Health, the local Community Mental Health agencies and other various governmental or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability and damages that may result from furnishing the information to you.

I further understand that any dishonest, false or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

SIGNATURE:

DATE:

--	--