Document ID: e87b8bbccd79c4b23a36d4b497ba335705595640

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## Application for FNF Internship Program

Name: *
Phone Number: * (000)000-0000
Address: *
1234 Main Street City, State Zip
Email Address: * you@email.com
Date of Birth:* dd/mm/yyyy
Present University or Institutional affiliation: *  University or Institutional Affiliation
Area of Study: *
Degree Expected: *
○Bachelor
O Master
ODoctorate
O <b>O</b> ther
If "Other," please explain: *
Date degree will be greated (Day/Month Wear) Idd/mar/w
Date degree will be granted (Day/Month/Year) dd/mm/yy
Briefly explain your reasons for applying to the Faith N Friends Internship Program. Please include specific objectives and expected benefits of the internship. *
Number of hours required:*
Do you have any previous experience with equines?* OYes ONo
Having no previous experience will <b>not</b> disqualify an applicant from interning with Faith N Friends.
If yes, please explain:
What sort of equine experience have you had?
Requested dates for Internship*
ex: March 1, 2020 - June 30, 2020
Duefound house for Internation (Money shock and)
Preferred hours for Internship* (please check one)  □ Full-time (40 hours per week)
☐ Part-time (please specify the hours requested and why below):
Trait-time (please specify the hours requested and why below).
Hours/Reason:
Please note that individuals must provide background check or must allow FNF to run one at the
expense of the applicant. If you have a valid background check document, you may upload it below
Background Check File



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## Statement of understanding of the conditions of the Internship

**Status**: Although not considered a Faith N Friends ("FNF") staff member, I shall be subject to the authority of the CEO and the authority delegated by her to the Volunteer Supervisor and other staff. I understand that I am not an employee of FNF and that all services are unpaid.

Travel costs to and from FNF property and events are my own responsibility or those of the sponsoring institution.

**Medical Health and Life Coverage:** FNF accepts no responsibility for costs or fatality arising from illness or accidents incurred during the internship; therefore, I should carry adequate and regular medical and life insurance.

**Confidentiality and Publication of Information:** As an intern, I will respect the confidentiality of information that I collect or am exposed to at FNF. No personal information, reports, or papers may be published based on information obtained from FNF.

**Employment Prospects:** The FNF Internship Program is not connected with employment and there is no expectancy of such.

**SEVERABILITY**: In the event that a court of competent jurisdiction finds any term or clause in this Agreement to be invalid, unenforceable, or illegal, the same will not have an impact on other terms or clauses in the Agreement or the entire Agreement. However, such a term or clause may be revised to the extent required according to the opinion of the court to render the Agreement enforceable or valid, and the rights and responsibilities of the parties shall be interpreted and enforced accordingly, so as to preserve their agreement and intent to the fullest possible extent.

**Nondiscrimination**: Faith N Friends does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

**Faith N Friends is an equal-opportunity organization.** We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

By my signature, I acknowledge that I have read, understand, and agree to the policies stated above.





## Signature Certificate

Document name: Application for FNF Internship Program

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**Timestamp Audit** March 28, 2025 1:07 pm EDT Application for FNF Internship Program Uploaded by Faith Sadiku - faith@faithnfriends.org IP 172.58.150.141 Elle MIsna - ellem@faithnfriends.org added by Faith March 28, 2025 1:09 pm EDT Sadiku - faith@faithnfriends.org as a CC'd Recipient Ip: 172.58.144.95 April 8, 2025 9:40 am EDT Elle MIsna - ellem@faithnfriends.org added by Faith Sadiku - faith@faithnfriends.org as a CC'd Recipient Ip: 172.58.150.141 April 8, 2025 9:41 am EDT Elle MIsna - ellem@faithnfriends.org added by Faith Sadiku - faith@faithnfriends.org as a CC'd Recipient Ip: 172.58.150.141 Elle Mlsna - ellem@faithnfriends.org added by Faith April 8, 2025 9:42 am EDT Sadiku - faith@faithnfriends.org as a CC'd Recipient Ip: 172.58.150.141 April 8, 2025 9:42 am EDT Elle Mlsna - ellem@faithnfriends.org added by Faith Sadiku - faith@faithnfriends.org as a CC'd Recipient Ip: 172.58.150.141



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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