

CONTACT INFORMATION		
First Name:	Last Name:	Pronouns:
Address:		
City:		Province/State:
Country:		Postal Code/ZIP:
Email:		Canadian Cell:
Copy of:      Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Travel Documents <input type="checkbox"/> (Please attach all that apply)		
HEALTH & WELLBEING		
Allergies:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
Medication or procedure in event of an allergic reaction:		
Fears or phobias:		
Is there anything else you feel that we should know about you in order to make your experience as positive as possible?       		
EMERGENCY CONTACTS		
#1 - Name:	Relationship:	
Home phone:	Cell phone:	Work phone:
Address:		
#2 - Name:	Relationship:	
Home phone:	Cell phone:	Work phone:
Address:		
AGREEMENT		
<i>I have read, understand, and will abide by the orientation manual provided to me.</i>		
Intern's Signature:		Date: