



INTERN APPLICATION

(Form 1 of 2)

PLEASE PRINT CLEARLY

Hours required: _____ Date: _____

1 First Name: _____ Last Name: _____ MI: _____
Home Phone: (____) _____ Work Phone: (____) _____ OK to call work? _____
Cellular Phone: (____) _____ e-Mail: _____
Address: (including Apt#) _____
City: _____ County: _____ State: _____ Zip: _____

2 School: _____ Graduating year: _____
Major: _____ City: _____ State: _____ Zip: _____
Employer: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____

3 Start/End Dates of Internship: _____ Internship Purpose: _____
How did you find us? _____ Supervisor: _____
Phone: (____) _____ E-mail: _____
Guidelines for Internship: _____
(Any paperwork that relates should be attached)
Talents and Interests: _____

4 Drivers License # _____ Social Security # _____ - _____ - _____
(Must provide a copy of your Drivers License)

5 Intern Signature: _____ Date: _____

By signing this application you are releasing Project Cuddle from any and all liability, and agree to a basic background check. The above information is for our files only and will be kept confidential.

THANK YOU FOR INTEREST IN HELPING PROJECT CUDDLE PREVENT BABY ABANDONMENT

OFFICE USE ONLY

Date Received: _____ Date Approved: _____
Internship notes:



*Project***CUDDLE**
safe and legal alternatives to baby abandonment

Project Cuddle
2973 Harbor Blvd #326
Costa Mesa, CA 92626
714.432.9681 office
www.projectcuddle.org

NON-COMPETE/ CONFIDENTIALITY AGREEMENT (Form 2 of 2)

For good consideration and as an inducement for Project Cuddle, to utilize _____ the undersigned
(Intern's Name)

Intern hereby agrees NOT to directly or indirectly compete with the business of the Charity and its successors and assigns during the period of involvement and for a period of five (5) years following discontinuation of involvement and notwithstanding the cause or reason of discontinuation.

The term "not compete" as used herein shall mean that the Intern shall not own, manage, operate, consult to or be involved in a business substantially similar to or competitive with the present business of the Charity or such other business activity in which the Charity may substantially engage during the term of involvement.

The Intern acknowledges that the Charity shall or may in reliance of this agreement provide Intern access to trade secrets, customer and other confidential data and that the provisions of this agreement are reasonably necessary to protect the Charity and its good will. Intern agrees to retain said information on his/her own behalf or disclose same to any third party. This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

The below signed Intern also agrees to keep any and all information completely confidential. Said Intern will not share any type of information whatsoever, whether written or spoken with anyone other than Project Cuddle employees. Information is not to be duplicated and/or talked about. Said Intern understands that this information is used solely for the purpose of helping to save babies from being abandoned and understands that this information placed in the wrong hands could be extremely dangerous.

Signed this _____ day of _____, _____

Project Cuddle, Inc.
Charity

Intern Signature

Intern Printed Name

**Please mail both (2) completed Intern Application forms and copy of Drivers License to:
PROJECT CUDDLE #326 2973 HARBOR BLVD. COSTA MESA, CA 92626**