



## Speech Language Pathology in Motion, PLLC

300 Wheeler Road, Suite 106, Hauppauge, NY 11788

829 Old Nichols Road, Islandia, NY 11749

TEL: (631) 479-3393 ex. 3

FAX: (631) 479-3358

WEB: [www.speechinmotion.com](http://www.speechinmotion.com)

### Intern Information Sheet

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Returning intern: \_\_\_ Yes \_\_\_ No

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have physical limitations: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Can you walk for 60 minutes? \_\_\_\_\_ Jog short distances? \_\_\_\_\_

Lift 60 pounds? \_\_\_\_\_

Have you been fingerprinted? \_\_\_\_\_ (If yes, attach a copy)

Do you have experience with horses? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you completed a previous internship with us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you in school for speech language pathology? \_\_\_\_\_ If yes, what school? \_\_\_\_\_

How much schooling have you completed so far? \_\_\_\_\_

Please list three (3) professional references. These cannot be family members.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

What do you hope to gain from your internship experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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### Intern Agreements

*Please read the following statements carefully and initial each one:*

\_\_\_\_\_ I agree to attend my internship as scheduled. If I am unable to attend for my scheduled hours I will notify Speech Language Pathology in Motion by phone at (516) 395-8610 as early as possible.

\_\_\_\_\_ I understand that for the protection of all clients, patients, staff members, volunteers and participants of Speech Language Pathology in Motion and Pal-O-Mine Equestrian disclosure or discussion of **Protected Health Information (PHI)**, any and all information that may be considered private or personal is strictly prohibited. This applies to your time spent both on and off the property.

\_\_\_\_\_ I agree to follow Speech Language Pathology in Motion's dress code. I agree to wear assigned shirts (if applicable), provided by Speech Language Pathology in Motion during my scheduled internship hours.

**For Women:** No spaghetti straps, no low cut ribbed tank tops, camisoles, exposed bra straps or bare midriffs permitted. Sleeveless t-shirts are acceptable. All shorts must be 2" above the knee. There are no leggings, tight gym pants or yoga pants permitted. For water play/swimming/aquatic therapy one piece bathing suits are required.

**For Men:** Shirts are to be worn at all times. Sleeveless t-shirts are acceptable, no tight ribbed tank t-shirts permitted. For water play/swimming/aquatic therapy, swim shorts or trunks are required.

**For all:** Excessive jewelry is not permitted. No facial piercings and a maximum of 2 holes in lower lobe per ear. Inappropriate tattoos may need to be covered, at the discretion of the director. Sneakers or boots must be worn at all times while on the property, with the exception of at the pool. Water shoes are recommended at the pool and during water play activities.

\_\_\_\_\_ I understand that I must follow all rules set forth by both Speech Language Pathology and Pal-O-Mine Equestrian. I will obey all posted signs (no smoking, 5 MPH speed limit, Keep Gate Closed, Staff only, No dogs allowed, etc.). Further, I agree to conduct myself in an appropriate manner, and enforce all rules.

\_\_\_\_\_ I understand that, for my safety, and the safety of others, during peak hours (7:00-10:00 AM, and 3:00-7:00 PM), it is recommended that when exiting the property I turn right (North) onto Old Nichols Rd.

\_\_\_\_\_ I will drive my car at a speed of 5 MPH or less while on the premises.

\_\_\_\_\_ I agree to protect everyone's **Right to Privacy**. I will not take photos or video, and will not post information, photos, or videos taken at Speech Language Pathology in Motion or Pal-O-Mine on Social Media including but not limited to Facebook, Twitter, YouTube, or Instagram without consent.

\_\_\_\_\_ I understand that cameras are present in common areas on the property of Pal-O-Mine Equestrian, including a camera which "live streams" activity from the indoor arena into the waiting area.

\_\_\_\_\_ I understand I may not smoke, use or be impaired by alcohol or any illegal substances anywhere on the property.

\_\_\_\_\_ I will place all litter in the garbage can or, if appropriate, in the recycle bin.

\_\_\_\_\_ I understand as an intern I am here at the invitation, and in the sole discretion, of Speech Language Pathology in Motion, PLLC. I further understand Speech Language Pathology in Motion, PLLC, can, for any reason it deems appropriate, and in its sole discretion, terminate my internship at any time.

\_\_\_\_\_ There is NO hand feeding of horses, mini horses, goats, sheep or donkeys. Animals may not be given any food or treats without permission.



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\_\_\_\_\_ I agree to review and be familiar with all materials given to me by Speech Language Pathology in Motion, PLLC.

\_\_\_\_\_ I understand that Speech Language Pathology in Motion does not control and therefore cannot be held responsible for the public, Pal-O-Mine's participants, or Pal-O-Mine's staff/ volunteers. I have the right to decline an internship at Speech Language Pathology in Motion if I do not agree with the aforementioned information.

Intern Full Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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### General Agreement & Release of Liability

I, \_\_\_\_\_ hereby acknowledge that I have requested to participate in an internship at Speech Language Pathology in Motion, PLLC. I agree to abide by all rules, written and implied, at Speech Language Pathology in Motion, PLLC.

In consideration for being permitted to use the facilities at Speech Language Pathology in Motion, PLLC, I hereby agree that I, my heirs, my distributees, guardians, legal representatives and assignees will not make a claim against, sue, attach the property of or prosecute Speech Language Pathology in Motion, PLLC, its directors, officers, members, employees, volunteers or assignees, for any claim I now have or may hereafter have for death, injury or property damage resulting from my use of the facilities at Speech Language Pathology in Motion, PLLC, whether caused by my acts of omission or negligence or anyone else's acts of omission or negligence.

To the fullest extent permitted by law, I shall defend, indemnify and hold harmless, Speech Language Pathology in Motion, PLLC its directors, officers, agents, volunteers, or employees for and against any and all claims, damages, losses, expenses and liabilities of any and every kind, including but not limited to attorney's fees, in any way arising out of or in connection with my activities under this agreement. This indemnity shall apply regardless of any active or passive negligent act or omission of Pal-O-Mine Equestrian Inc. and Speech Language Pathology in Motion, PLLC, its directors, officers, agents, volunteers and employees.

I am aware that working and being around farm animals involve inherent risks. I am voluntarily participating with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.

I agree that should emergency medical treatment be required, I/my medical insurance company shall pay for all such incurred expenses.

I have carefully read this agreement and release and fully understand its contents. I am aware that this is a release of liability, a waiver of legal rights and contract between me and Speech Language Pathology in Motion, PLLC, and sign it of my own free will. I further acknowledge that there are no warranties, either expressed or implied, concerning the facilities, events or activities at Speech Language Pathology in Motion, PLLC.

I, the undersigned, have read and do understand the foregoing agreement, warnings release and assumption of risk.

#### Please Print Clearly

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_



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### Media Release Form

Speech Language Pathology in Motion, PLLC occasionally uses photos, videos and audio recordings on marketing materials including brochures, business cards, the Speech Language Pathology in Motion website, our social media pages and in professional presentations.

By consenting below, I grant permission to Speech Language Pathology in Motion, PLLC and its representatives to take photographs, videos and audio recordings of me for the primary purpose of promoting and aiding Speech Language Pathology in Motion, PLLC and its work.

I further grant Speech Language Pathology in Motion, PLLC and their representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed. I acknowledge that Speech Language Pathology in Motion, PLLC owns all rights to the images and recordings.

I waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials. I hereby release, defend, indemnify and hold harmless Speech Language Pathology in Motion, PLLC from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

#### **Consent:**

Signature of Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_