2025 INTERN PERSONAL INFORMATION RECORD

| CONTACT INFORMATION | | | |
|---|----------------------------------|------------------|--|
| First Name: | Last Name: | Pronouns: | |
| Address: | | | |
| City: | | Province/State: | |
| Country: | | Postal Code/ZIP: | |
| Email: | | Canadian Cell: | |
| Copy of: P (Please attach all that a | assport Driver's Licence Dipply) | Travel Documents | |
| HEALTH & WELLBEING | | | |
| Allergies: Yes | ☐ No ☐ 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: | Rel | Relationship: | |
| Home phone: | Cell phone: | Work phone: | |
| Address: | | | |
| #2 - Name: | Relationship: | | |
| Home phone: | Cell phone: | Work phone: | |
| Address: | | | |
| AGREEMENT | | | |
| I have read, understand, and will abide by the orientation manual provided to me. | | | |
| Intern's Signature: | | Date: | |