

## Intern Information:

Cindy's Canine Companion's Dog Grooming Salon & Services

12 Chestnut St.

Bethel, PA 19507

717-933-1333

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Education:** My highest level of education completed is: (check one)

Elementary School \_\_\_\_\_

Secondary School \_\_\_\_\_

College \_\_\_\_\_

### **Medical History:**

Allergies: Yes \_\_\_ No \_\_\_

Diabetes: Yes \_\_\_ No \_\_\_

Epilepsy: Yes \_\_\_ No \_\_\_

Heart Condition: Yes \_\_\_ No \_\_\_

High Blood Pressure: Yes \_\_\_ No \_\_\_

Impaired Vision: Yes \_\_\_ No \_\_\_

Medications: Yes \_\_\_ No \_\_\_

**Size Shirt** (Check one) Sm \_\_\_ Med \_\_\_ Large \_\_\_ X-lg \_\_\_

**Right handed or left handed?** (Circle one)

**Type of Schedule interested in:**

\_\_\_ *5 week 9-5pm Tuesday-Thursday*

\_\_\_ *10 week 9-1pm, 1-5pm, or 6-10pm, Tuesday-Thursday*

\_\_\_ *Customized schedule*

*Can we use your name as a reference?* \_\_\_\_\_

**Refund Policy-** See attached information

I have read the following pages, and understand the said pages

***Structure of session: The tutoring /internship you will receive will be one on one. Each***

***Mentee is unique and brings different experiences with them. I will meet you right where you are.***

Owner – Cindy Blatt