 Submit the 4 page application by **April 2nd, 2019** to: MWCABC.research@gmail.com

APPLICATION FORM FOR 2019

COLD SPRING HARBOR INTERNSHIP

**Part 1: Background Information**

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

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

If not a resident of Manhasset, please state your connection to

Manhasset or MWCABC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Current Status**

Undergrad College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_ Post grad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment: Yes\_\_\_No\_\_\_If yes, provide dates, place & locations:

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



Have you ever been convicted of a crime? Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_

If yes, provide dates, offenses and dispositions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Immunization Requirement**:

Date of last tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*must be within the past three years

**Part 3: Lab Experience**

Have you had past volunteer or paid lab experience? Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If yes, provide dates, locations and brief description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part 4: Outside Interests**

Please list and briefly describe some of your outside interests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part 5: Honors and Awards**

Please list any college honors or awards

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**Part 6: Future Plans**

Please state your future plans at this time and how this internship and

experience could help you achieve them:

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**Part 7: References and Contacts**

Provide one personal reference (no family members):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number: \_\_\_\_\_\_\_\_\_\_\_

It is solely the applicants responsibility to ensure references are submitted on or

Before March 19th 2019. Late references will invalidate any application.

**Part 8: Student Agreement**

I hereby certify that all matters contained in this application are true, authorize

their investigation and agree that any misleading or false statements will render

this application void and will be sufficient cause for immediate revocation from

the MWCABC Internship program.

I hereby authorize MWCABC to contact all of my educational, employmentand

personal references and to inquire about, investigate and obtain copies of

records that relate to me from educational institutions I have attended and from

my former or current employers.

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**Part 8: Cont’d**

If I am chosen, I agree to:

(a) conform to the rules and regulations of Cold Spring

Harbor Laboratory, it’s supervisor, Doctors and researchers

(b) hold confidential all information from any laboratory experiments/research

projects that I may be exposed to, directly or indirectly during the course of the

Internship and

(c) assign the lab where I am working or it’s designee, any works of authorship,

 invention or other technology created during the course of my Internship.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 9: Consent and Release of Liability**

I understand that by participating in this internship I may be working with haz-

ardous chemicals, lab animals, human blood and biological materials and will be

provided training in the safe handling of these items. I further understand that

I may be required to pass an online Biosafety Course before starting work. I

hereby grant my permission to participate in the Internship program ( if you are

under the age of 18, a parent’s signature is required).

I hereby release MWCABC from any and all liability whatsoever that may result

from any inquiry, investigation, communication or injury relating to this applicat-

ion or in connection with my participation in this Internship. MWCABC shall not

be required to expend its own funds or otherwise incur any liability in my

performance in this Internship.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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