Department of Experimental Education
Official Internship Application – "Learning by Doing (and Sometimes Undoing)"

Program: ACME Junior Research Initiative
Location: Sofia Christian Academy, Sofia, Bulgaria
Duration: Until completion or combustion, whichever comes first.

SECTION I – PERSONAL INFORMATION

Full Name: _____

Preferred Title (Mr./Ms./Dr./Survivor): _____

Date of Birth: _____

Approximate Voltage Tolerance: _____ Volts (estimate acceptable)

Emergency Contact (Non-Flammable Preferred): _____

Allergies (check all that apply):
☐ Smoke ☐ Static Electricity ☐ Worm Propulsion Grease ☐ None ☐ Unknown

SECTION II – ACADEMIC BACKGROUND

Current Grade Level: _____

Favorite Subject: _____

Least Favorite Subject (so we can assign you there): _____

Previous Laboratory Experience:
☐ I have used a microscope ☐ I have caused mild concern ☐ Classified

SECTION III – RESEARCH INTERESTS

Please select the area(s) of ACME innovation that most excite you:

☐ Jet Pack Stability Research

☐ Worm-Powered Mobility Devices

☐ Theoretical Time Travel (Applied Division)

☐ Self-Exploding Culinary Arts

☐ Instant Hole Expansion Project

☐ Administrative Paperwork Regeneration

SECTION IV – SAFETY AWARENESS TEST

1. What should you do if a prototype begins to hum, glow, or levitate?
   ☐ Observe and take notes ☐ Run ☐ Try feeding it a sandwich

2. Define "controlled explosion."
   _____

3. Have you ever been near an ACME invention before?
   ☐ Yes ☐ No ☐ Not that I can legally confirm

SECTION V – ESSAY QUESTION (Required)

In 100 words or fewer, describe what "Innovation" means to you, and how many limbs you expect to retain by graduation.

_____

_____

SECTION VI – WAIVERS & CONSENTS

By signing below, I agree to:

- Follow all ACME safety guidelines (if available).
- Report all fires, spontaneous worm uprisings, and space-time anomalies within 24 hours.
- Not sue ACME Gears, its affiliates, or any sentient devices created during the internship.
- Accept that my likeness may appear in training manuals under the section "Do Not Attempt This at Home."

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if still corporeal): _____

FOR OFFICE USE ONLY

Intern ID #: _____

Assigned Department: _____

Supervisor: ☐ Dr. Blotts ☐ Ms. Gearhart ☐ Unsupervised (Advanced Placement)

Incident Log # (if applicable): _____

Notes: _____