

## PH-INCD INTERNSHIP APPLICATION

APPLICANT INFORMATION					
LAST NAME:	FIRST NAME:	DATE:			
STREET ADDRESS:				APT/UNIT:	
CITY:	STATE:	ZIP:			
PHONE:					
EMAIL:					
WHAT PROGRAM ARE YOU INTERESTED IN APPLYING FOR: <input type="checkbox"/> HEALTH PROMOTION <input type="checkbox"/> OTHER				WHAT MAJOR ARE YOU ENROLLED IN:	
HOW MANY INTERNSHIP HOURS ARE YOU HOPING TO GAIN (total hours, hours per week)? HOW DID YOU HEAR ABOUT OUR INTERNSHIP PROGRAM?					
AVAILABILITY					
PLEASE CHECK SEMESTERS OF AVAILABILITY: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER      OTHER, PLEASE EXPLAIN: _____					
PLEASE LIST GENERAL AVAILABILITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					
EXPERIENCE/EMPLOYMENT					
CURRENT EMPLOYMENT STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> NOT EMPLOYED					
ARE YOU CURRENTLY A STUDENT AT U of I? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, PLEASE INDICATE SCHOOL:		
GRADE LEVEL: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE STUDENT					
DO YOU SPEAK ANY OTHER LANGUAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
PERSONAL INFORMATION					
WHY ARE YOU INTERESTED IN AN INTERNSHIP IN OUR ORGANIZATION?					
WHAT SPECIFIC EXPERIENCE WOULD YOU LIKE TO GAIN THROUGH THIS INTERNSHIP?					
DESCRIBE YOUR LONG-TERM CAREER GOALS:					
PROFESSIONAL REFERENCES					
NAME		RELATIONSHIP AND CONTACT INFO (EMAIL AND/OR PHONE NUMBER)			

6/22/16