

Internship Application

Weber-Morgan Health Department

Division of Health Promotion

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip Code

Telephone: __ (____) _____ - _____ E-mail: _____

What internship semester are you applying for? (circle one) Spring – Summer – Fall Year: _____

School you are attending: _____

Degree you are pursuing: _____ Expected Graduation Date: _____

Have you completed a Program Planning course? _____ If not, are you currently enrolled? _____

Background in Health Promotion, including previous work/volunteer experience, college classes, and related skills:

Areas of Health Promotion that interest you:

What do you hope to achieve through your internship experience?

Upon graduation, do you plan on taking the CHES exam? _____

How many total internship hours are you interested in (200 min - 350 max): _____

Would you be willing to work some evenings and weekends, with advance notice? _____

Please list your regular schedule availability *for the semester for which you're applying*. A regular schedule of 8 hours in the office each week is required, though hours are flexible between 8 AM and 5 PM, M- F. Occasional nights and weekends may also be required, with advance notice upon start of internship hours.

If you will be working while completing your internship hours, please list your schedule with your current employer. Is this schedule flexible with accommodating your internship requirements (with advance notice)?

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Please list your anticipated school schedule for the semester for which you are applying:

When would you be available to start working on internship hours? _____

Who would be your internship advisor? _____

I hereby certify that all statements made in this application are true, and I understand and agree that any false statements of material fact herein may cause forfeiture of all my rights to the internship. I hereby authorize my advisors to give and release to the Weber-Morgan Health Department Division of Health Promotion any and all information in either written or verbal form which relates to my ability to perform the duties of the internship I am applying for.

Signature _____ Date _____

**Please fax this completed form to (801) 399-7110, Attn: Lori Greene
OR e-mail a copy of it and your resume to lgreene@co.weber.ut.us**

Interviews are scheduled approximately one month before the internship semester for which you are applying for. Qualified applicants will be contacted for interviews at that time. If you have any additional questions, please contact Lori at (801) 399-7189.