

Internship Application

Division of Health Promotion

Weber-Morgan Health Department

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)? _____

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 academic 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) 399-7185, Attn: Rochelle Creager

Please e-mail a copy of your resume to rgates@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 Rochelle at (801) 399-7187.