

# Internship Application

**Weber-Morgan Health Department  
Division of Health Promotion**



## Contact Information

<b>FULL NAME</b>	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
<b>STREET ADDRESS</b>			
<b>CITY, ST, ZIP</b>			
<b>PHONE</b>			
<b>EMAIL</b>			

## Basic Internship Information

<b>Intern semester(s) you are applying for. Mark "x" next to the semester(s)</b>	<b>SPRING</b>	<b>SUMMER</b>	<b>FALL</b>
<b>School you are attending</b>			
<b>Degree you are pursuing</b>			
<b>Expected graduation date</b>			
<b>Have you completed a program planning course?</b>	<b>YES</b>	<b>NO</b>	
➤ <b>If not, are you currently enrolled?</b>	<b>YES</b>	<b>NO</b>	
<b>Do you have reliable transportation?</b>	<b>YES</b>	<b>NO</b>	
<b>Who will be your internship advisor?</b>			
<b>How many total hours are you interested in (200 min - 350 max)?</b>			
<b>When would you be available to start working on internship hours?</b>			
<b>Upon graduation, do you plan on taking the CHES exam?</b>	<b>YES</b>	<b>NO</b>	
<b>Would you be willing to work some evenings and weekends with advance notice?</b>	<b>YES</b>	<b>NO</b>	

## 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?**

**Please List Your Regular Schedule Availability for the Semester(s) for Which You Are Applying:**

**A regular schedule of 8-10 hours in the office each week is required, though hours are flexible between 8 AM – 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 for the Semester(s) for Which You Are Applying. *Is This Schedule Flexible with Accommodating Your Internship Requirements (with Advance Notice)?***

**Please List Your Anticipated School Schedule for the Semester(s) for Which You Are Applying:**

**Agreement and Signature**

*By initialing the box below, 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.*

**Enter initials:**

**Date:**

**Please email the completed application and your resume to [wminterncoordinator@co.weber.ut.us](mailto:wminterncoordinator@co.weber.ut.us)**

**Contact Bethsa Becerra, Intern Coordinator, for questions about interviews, hiring dates and deadlines, or any other queries. You can reach her at **801-399-7192** or at the same email address listed above.**