

Internship Application

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



Contact Information

FULL NAME	LAST	FIRST	MIDDLE
STREET ADDRESS			
CITY, ST, ZIP			
PHONE			
EMAIL			

Basic Internship Information

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

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

Contact Anja Wutz (Intern Coordinator) for any questions regarding internships at 801-686-7052 or wminterncoordinator@co.weber.ut.us