



INTERNSHIP APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

University: _____ GPA: _____

Major: _____ Minor: _____

Dates available for the internship: Start Date: _____ End Date: _____

If receiving credit for the internship:

University Internship Supervisor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

References

Name 1: _____ Name 2: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

CPR /First Aid Certification Expiration Dates: _____ CPR: _____

(Must be current during internship duration) First Aid: _____

Please attach the following with this application:

_____Resume _____Semester Class Schedule