

APPLICATION FOR STUDENT INTERSHIP

Name: _____

Local	Permanent
Address: _____	_____
_____	_____
_____	_____
Phone: _____	_____

University: _____

Expected Date of Graduation: _____

Classification: _____

Major: _____ **Minor:** _____

Cumulative GPA: _____ **Major GPA:** _____

Area(s) of Interest: _____

Hours Available:

Monday	Tuesday	Wednesday	Thursday	Friday



Please provide information regarding previous employment.

Place: _____

Position: _____

Responsibilities: _____

Dates of Employment: _____

Supervisor: _____ **Phone:** _____

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Place: _____

Position: _____

Responsibilities: _____

Dates of Employment: _____

Supervisor: _____ **Phone:** _____

Please include the following:

- Copy of current transcript
- Copy of current CPR card (if not certified, you must have current certification prior to internship).
- Resume
- Your career goals
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Please attach the completed form and requested documents to Lauren Henry in an e-mail henryl1@covhs.org. Please follow up with a phone call to Lauren (806) 725-4386 .