

Wellness Center Intern Application

Full Name: _____ Current Degree: _____

Concentration: _____ Any Minors: _____

Academic Advisor: _____ Academic year (Fr, So, Jr, Sr.): _____

Semester Application is intended for: Fall Summer Spring

How did you find out about this internship? Professor/class Fellow student Other: _____

Please indicate which Track you are interested in: General or Thrive – Clinical & Non-clinical

Please explain why you are interested in the track you chose above: _____

Give us a short description of who you are. _____

When/Why did you decide to pursue a healthcare related field? _____

What is a future goal of yours in the health profession? _____

Why do you want to intern at the WC? _____

What are some goals/objectives you want to reach during your internship? _____

How would you make a difference/ have an impact interning with us? _____

Why should we pick you as an intern for the WC? _____

What sets you apart from your peers? _____

What set of skills do you bring to your internship? _____

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Who is a mentor or someone you admire/respect and why? _____

What do you enjoy as a past time? _____

What is the most positive compliment you've received from a supervisor? _____

What constructive criticism have you received from a supervisor/professor? _____

Have you taken steps to improve upon the criticisms you have received? (please explain) _____

What has been your greatest learning experience and why was it so important to you? _____

Please indicate the times you are available to intern during the following days:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Section for Staff use only

- Flu vaccination _____
- Vaccinations (add information from Sallie's handout) _____
- CPR Certification _____
- Currently Enrolled in a Practicum, independent study, or Internship _____
- A completed Application form _____
- Resume _____
- Completed Personality Assessment _____
- Completed Mandatory Emergency Preparedness/BLS training _____