

APPLICATION FOR HPES 4880: INTERNSHIP

APPLICATION FOR INTERNSHIP FOR THE _____ Semester, 200__.
(Must be typed. Complete on-line, then print.) Form revised Dec 14, 2002)

NAME _____ DATE _____

HOURS COMPLETED _____ E-mail _____

GRADE POINT AVERAGE _____ AGE _____ GENDER _____

PERMANENT (HOME) ADDRESS

STREET _____ CITY _____

STATE _____ ZIP _____ PHONE/CELL _____ / _____

CAMPUS ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS)

STREET _____ CITY _____

STATE _____ ZIP _____ PHONE/CELL _____ / _____

YSU CAREER SERVICE (Signed & Dated by Authorized Career Services Personnel):

COUNSELOR INTERVIEW _____

OFFICE REGISTRATION _____ RESUME WRITING _____

INTERVIEW TECHNIQUES _____ JOB SEARCH STRATEGIES _____

HPES SENIOR EVALUATION (completed with Mr. Walker): DATE _____

CHHS SENIOR EVALUATION ('Apply for Intention to Graduate' completed): DATE _____

RESUME SUBMITTED TO UNIVERSITY SUPERVISOR: DATE _____

UNIVERSITY SUPERVISOR INTERVIEW: DATE _____

LETTER OF REQUEST FOR INTERNSHIP (ATTACH COPY): DATE _____

NAME OF INTERNSHIP SITE _____

STREET _____

CITY _____ STATE _____ ZIP _____

AGENCY SUPERVISOR _____ PHONE _____

WHAT COURSE WORK DO YOU NEED TO COMPLETE AFTER YOU COMPLETE THIS INTERNSHIP? (INTERNS ARE NOT PERMITTED TO TAKE CLASSES DURING THE INTERNSHIP WITHOUT PRIOR PERMISSION OF Mr. WALKER AND PROPER GRADE POINT AVERAGE.)

HOW DID YOU LEARN OF THIS INTERNSHIP SITE?

WHY DO YOU THINK YOU ARE QUALIFIED TO HOLD AN INTERNSHIP AT THIS SITE?

WHAT CONTACT(S) HAVE YOU ALREADY HAD WITH THE SITE/SUPERVISOR?

IS SITE SUPERVISOR CERTIFIED? ____ BY WHAT ORGANIZATION(S)? _____

WHAT SPECIFIC CAREER GOALS WILL THIS INTERNSHIP HELP YOU ACHIEVE?

FROM YOUR DISCUSSION(S) WITH THE AGENCY SUPERVISOR, DETAIL THE **SPECIFIC TRAINING/EXPERIENCES** YOU EXPECT TO RECEIVE.

SCREENING/RISK STRATIFICATION:

EXERCISE TESTING:

EXERCISE PRESCRIPTION:

PERSONAL TRAINING:

GROUP LEADERSHIP:

DEVELOPMENT OF EXERCISE & SPECIAL PROGRAMS:

MARKETING & SALES:

SERVICE DESK MANAGEMENT:

FACILITY MAINTENANCE MANAGEMENT:

WELLNESS/WORKSITE HEALTH PROMOTION:

CLINICAL (IF APPLICABLE):

FINANCIAL MANAGEMENT:

WHAT HOURS WILL YOU BE EXPECTED TO WORK?

ARE ANY WEEKENDS INCLUDED?

IF THE AGENCY HAS OTHER AFFILIATED SITES, HOW MUCH TIME WILL YOU SPEND AT THESE SITES? HOW FAR ARE THEY FROM THE MAIN SITE?

IS THERE ANY TYPE OF FINANCIAL COMPENSATION?

IS HOUSING OR TRANSPORTATION PROVIDED?

WHAT PLANS DO YOU HAVE FOR TRAVEL, HOUSING, AND OTHER EXPENSES YOU MIGHT HAVE?

ESTIMATED COST OF INTERNSHIP:

FOR UNIVERSITY SUPERVISOR'S USE ONLY:

DATE RECEIVED_____	COMMENTS_____
HPES SENIOR EVALUATION DATE_____	COMMENTS_____
CHHS EVALUATION DATE_____	COMMENTS_____
FIRST AGENCY CONTACT DATE_____	COMMENTS_____
START DATE _____	COMMENTS_____
'CAP&GOWN' + 'BURSAR FORM' DATE_____	COMMENTS_____