

INTERNSHIP APPLICATION

NAME _____ D.O.B. _____

LOCAL ADDRESS _____

PERMANENT ADDRESS _____

CELL PHONE _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

CELL _____ WORK (OR ALT. PHONE) _____

I'M APPLYING FOR (circle one)

Internship Program 1

Internship Program 2

I'M APPLYING FOR (circle one)

Spring (March through Mid-May)

Summer (June through Mid-August)

Fall (September through Mid-November)

PLEASE ANSWER THE FOLLOWING ON A SEPARATE PAGE

1. What year are you in?
2. What is your major?
3. What is your career goal?
4. Why are you interested in interning with us?
5. Are you or have you ever been an athlete? Please elaborate.
6. Do you work out regularly? If so, please explain your workout regimen.
7. What's your motto?
8. Please tell us a little about yourself or your background and what has lead you to your major and career choices.

Please indicate your availability for other days of the week (MUST be able to attend one 3-hour shift plus our mandatory Friday afternoon trainings from 2:30 - 5:30pm).

Write in the hours of ALL possible days you are available and we will match one to our schedule.

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Student Signature: _____ Date: _____