



INTERNSHIP APPLICATION

Church Health Center

PART ONE: GENERAL INFORMATION

Full Name:	
Preferred name:	
Current address:	
Permanent address:	
Email:	
Phone number:	
Name of Emergency Contact:	
Emergency Contact Phone Number:	
Your Relationship:	
What languages other than English do you speak?	
Are you applying for academic credit for this internship?	
If yes, who is your supervisor? Include contact information.	
Please list two professional references that we may contact:	
Reference name:	
Relationship to you:	
Email address:	
Reference name:	
Relationship to you:	
Email address:	
<i>I hereby authorize the Church Health Center and/or its agents to conduct such investigation of my intern application as considered necessary. I authorize any and all former employers and/or business references to furnish information concerning my past job performance, work and educational histories. I release from any liability the above named individuals furnishing such information. I recognize a photocopy of this authorization is a valid requisition. I understand that any false statements on my application are grounds for dismissal or withdrawal of any offer of employment.</i>	
Signature:	Date:

PART TWO: EDUCATION AND EXPERIENCE

Educational History: List the three most recent schools you attended (high school, college, business, trade, etc.), beginning with the most recent.

School and Location:	
Major field of study:	
Degree (H.S. diploma, A.S., B.S., M.A., etc.)	
Is this degree completed or in progress? If neither, please explain.	

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Is this degree completed or in progress? If neither, please explain.	

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Major field of study:	
Degree (H.S. diploma, A.S., B.S., M.A., etc.)	
Is this degree completed or in progress? If neither, please explain.	

Occupational History: List your work experience (volunteer and paid) within the past three years, beginning with the most recent.

Employer and Location:	
Date Started:	
Date Ended:	
Nature of work:	
Reason for leaving:	

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Date Ended:	
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Date Ended:	
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PART THREE: SHORT ANSWER QUESTIONS

What particular skills, talents or gifts do you have that you would like to use in your placement at the Church Health Center?

What are your short and long-term goals? How will an internship at the Church Health Center help you to achieve those goals?

How you have prepared for work at the Church Health Center?

The Church Health Center's mission is to reclaim the Church's biblical commitment to care for our bodies and spirits. How can you effectively represent the mission in this position?

PART FOUR: INTERNSHIP PLACEMENT

When would you like an internship placement? (select all that apply)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Spring 2012 | <input type="checkbox"/> Summer 2012 |
| <input type="checkbox"/> Fall 2012 | <input type="checkbox"/> Year-long 2012 |
| <input type="checkbox"/> Other * | <input type="checkbox"/> No preference |

** If other, include below the time frame you desire for an internship:*

Where would you like to intern? (select up to three preferred placements)

- | | | |
|--|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Development | <input type="checkbox"/> Media |
| <input type="checkbox"/> Business (MEMPHIS Plan) | <input type="checkbox"/> Editorial ** | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Child Life * | <input type="checkbox"/> Exercise Science | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Faith Community Outreach | <input type="checkbox"/> Wellness Education |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Healthcare Administration | <input type="checkbox"/> Other *** |

** The Child Life internship requires previous experience with children. Please list your experience in childcare, education, or other experience working with children:*

*** Submit a short writing sample (no more than 3 pages) to be considered for the Editorial internship.*

**** Other positions may be available. Indicate below whether you would prefer an internship in an area not listed above, or a combined internship placement. (Please contact the Internship Coordinator about additional internship placements/programs.)*

PART FIVE: INTERNSHIP COMMITMENT

The CHC *prefers* that interns work for 10-12 consecutive weeks. What is your anticipated start date and end date?

The CHC *requires* that interns work at least 8 hours per week. What is your preferred number of work hours per week?

Each department at the CHC has a different weekly schedule. What days of the week are you available to work?

**Please return the completed Internship Application to:
Internship Coordinator, Church Health Center
1210 Peabody Avenue, Memphis, TN 38104
Email: internships@churchhealthcenter.org; Fax: (901) 543-0617**