



# Intern Application

DATE: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Banner ID: @ \_\_\_\_\_ E-Mail: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year:      Freshman      Sophomore      Junior      Senior      Graduate

## Semester to complete internship:

Fall      Winter Break (Dec. thru Jan.)      Spring      Summer (May thru Aug.)

## CERTIFICATIONS

Which of the following certification/s do you currently hold? Be prepared to provide a copy.

\_\_\_\_ CPR      \_\_\_\_\_ First Aid

## WORK SCHEDULE

Please circle the times you would be available to work each day.

<b>Monday</b>	5:30 am - 8:00 am	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	6:00 pm - 9:00 pm
<b>Tuesday</b>	5:30 am - 8:00 am	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	6:00 pm - 9:00 pm
<b>Wednesday</b>	5:30 am - 8:00 am	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	6:00 pm - 9:00 pm
<b>Thursday</b>	5:30 am - 8:00 am	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	6:00 pm - 9:00 pm
<b>Friday</b>	5:30 am - 8:00 am	11:00 am - 1:00 pm	4:00 pm - 6:00 pm	-
<b>Saturday</b>	9:00 am - 11:00 am	-	-	-

## EXPERIENCE

Please list the classes and experiences that qualify you to work in the Fitness Center: (this may include course work, facilities, equipment, and other applicable work experiences.)

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