

## **Intern Application**

DATE:					
PERSONAL INFORMATION					
Name: Primary Phone:					
Permanent Address:					
Banner ID: @ E-Mail:					
Major:	Minor:				
Year: Fre	shman Soph	omore Junior	Senior	Graduate	
Semester to complete internship:					
Fall Wir	iter Break (Dec. t	'hru Jan.) Sj	oring	Summer (May thr	u Aug.)
CERTIFICATIONS					
Which of the following certification/s do you currently hold? Be prepared to provide a copy.					
CPR		F	irst Aid		
WORK SCHEDULE					
Please circle the times you would be available to work each day.					
Monday	5:30 am - 8:00	am 11:00 am - 1:0	00 pm 🗸	1:00 pm – 6:00 pm	6:00 pm - 9:00 pm
Tuesday	5:30 am - 8:00	am 11:00 am - 1:0	00 pm 🛛 4	1:00 pm - 6:00 pm	6:00 pm - 9:00 pm
Wednesday	5:30 am - 8:00	am 11:00 am - 1:0	00 pm 🗳	4:00 pm - 6:00 pm	6:00 pm - 9:00 pm
Thursday	5:30 am - 8:00	am 11:00 am - 1:0	00 pm 🛛 4	1:00 pm - 6:00 pm	6:00 pm - 9:00 pm
Friday	5:30 am - 8:00	am 11:00 am - 1:0	00 pm 🛛 4	1:00 pm - 6:00 pm	-
Saturday	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.)