



Human Resources Internship Application

For Semester : _____
 (example, Spring 2017)

Proposed dates: _____
 (example, January-March 2017)

Home Address: _____

Phone Number: _____

Emergency Contact/Relationship: _____

Emergency Contact Phone: _____

Current Address (if different from above): _____

University/College: _____

Advisor: _____
 (name) (contact information)

Health Sciences, Healthcare Administration and/or Public Health courses, completed and current:

Course Title	Institution	Semester

References:

Name	Relationship	Contact Information

Why are you interested in this internship?

What are your goals for this experience?

Please rate your experience and comfort utilizing Microsoft Excel:

___1 (none) ___2(basic) ___3(comfort with formulas/filters) ___4 (very confident) ___5 (expert)

Please complete and send the following to:

mmcculley@childrens-specialized.org

1. Completed application (if needed, printing and scanning is sufficient)
2. A resume highlighting all experiences you believe will inform your experience at Children’s Specialized Hospital
3. A cover letter you feel represents you well