



GatorWell Health Promotion Services Internship Application

302 Student Health Care Center
352-392-1161 ext. 4281
www.shcc.ufl.edu/gatorwell/

Please Type this Application

Name: _____ Graduation Date: _____
SSN: _____ UFID: _____
UF Email: _____ Phone: _____
Class/College _____ Major: _____
Semester of Internship: _____

* Internships that are offered at the Main Office will adhere to the following hours.

- * Part-time is 10am-3pm Mon.-Fri.
- * Full-time is 8am-5pm Mon.-Fri.

Please answer the following questions as completely as possible, use additional sheets if necessary.

1. Why are you interested in doing an internship at GatorWell Health Promotion Services?

2. Tell us why you chose your major:

3. Have you had any previous health promotion/education experience (volunteer or paid)?
If yes, describe your experience. *BE SPECIFIC.*

4. Please review our services and topics we promote at www.shcc.ufl.edu/gatorwell/. What did you think while on the site? What services were most appealing to you?

5. Of the topics listed on our website, which 3 health topics are you *most* passionate about and why?

6. Describe your comfort level and experience giving group presentations.

7. Describe your campus involvement and/or leadership experiences:

8. Where and what do you see yourself doing one year from now? Five years from now?

PLEASE LIST TWO REFERENCES WHO ARE FAMILIAR WITH YOUR WORK WHOM WE MAY CONTACT.

**At least one must be a previous or current professor/instructor*

Name:

Phone:

Email address:

Title:

Organization or Department:

Relationship to Applicant:

Name:

Phone:

Email address:

Title:

Organization or Department:

Relationship to Applicant:

Submit your application, cover letter and résumé by **Friday, October 2, 2009 by 12:00pm (noon)**

Please *email* all materials to Samantha Shivers at shiv1222@ufl.edu