



# STUDENT INTERN APPLICATION

## RC Hospital & Clinics

611 East Fairview Ave • Olivia, MN 56277

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Email: bernardyl@rchospital.com

Name: *Last:* \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_

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

City: \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

Telephone Number: *Home:* \_\_\_\_\_ *Work:* \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Education (circle last year completed)

High School 1 2 3 4 Where? \_\_\_\_\_ Area of interest \_\_\_\_\_

College 1 2 3 4 Where? \_\_\_\_\_ Degrees or Major \_\_\_\_\_

### What time do you have available?

Total hours per week available \_\_\_\_\_ Days available \_\_\_\_\_

Preferred hours \_\_\_\_\_ Preferred Days \_\_\_\_\_

Available from \_\_\_\_\_ to \_\_\_\_\_

What kind of internship are you interested in? \_\_\_\_\_

What do you hope to gain from your internship? \_\_\_\_\_

Previous work experience (paid and unpaid) as it relates to the internship that you are currently seeking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any completed courses relevant to the internship you are seeking and include a brief description.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other knowledge, special skills, training, interests or hobbies. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Pertinent information or comments you might wish to add. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(Please Type or Print in Ink)*