



Intern Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for intern assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

How many hours would you like to intern per week? _____

What days of the week are you available _____

What dates are you available? _____

Academics

Is this internship for academic credit? Yes No

If yes, please fill in academic information below:

School Name

Street Address

City ST ZIP Code

Advisor Name

Advisor Phone

Advisor E-Mail Address



Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous intern work, or through other activities, including hobbies or sports.

Previous Internship Experience

Summarize your previous internship experience.

How did you become interested in Sports Nutrition?

Please explain what makes you interested in interning with Nutriworks and what you hope to contribute and gain from this experience.



What are your goals in working with a Sports Dietitian?

Please explain what you would like to gain from working with Nutriworks.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in interning with us.