



Eau Claire YMCA Health & Wellness Internship Application

Name _____ Date _____

Phone # _____ E-mail _____

Permanent Address _____

Name of University/School _____

Advisor _____ E-mail Address _____ Phone # _____

Major Field of Study _____ GPA _____

Minor or Related Field _____ Year in School _____

Hours needed for Internship _____ Will receive academic credit? Yes or No (circle one)

Date I prefer to begin the Internship _____ Date I prefer to end _____

How did you learn about this internship possibility? _____

Please check internship area's of interest (no limit):

- Fitness Management Staff Management Program Development/Creation Budget/Finances
- Program/Class Instruction Program Curriculum Development Community Health Promotion
- Community Relations Youth/Teen Wellness Adult Wellness Senior Wellness Fitness Testing
- Promotion/Marketing Collaboration/Partnership Building Strength & Conditioning
- Special Events Nutrition Fitness Coaching/Orientations Personal Training Other _____

Please rank top 5 internship area's of interest (from above):

1. _____ 2. _____
3. _____ 4. _____
5. _____

My goals for this internship experience are:

Special skills:

Strongest personality traits:

INTERNSHIP APPLICATION CONTINUED...

Related job experience:

Trainings/Certifications:

Please provide three references (professional and/or academic):

Name	Relationship	Contact Information

Have you ever been convicted of a crime? yes no If yes, please explain below:

Date of conviction _____ Name & location of the court _____

Nature of the offense _____ Sentence/fine imposed on you _____

Additional Comments:

I agree that if I receive an offer for internship/employment, I will abide by and conform to all policies and regulations of the YMCA now in effect and or hereafter established. I understand that any such policies can be revised or terminated by the YCMA at any time at its sole discretion. I also understand that misrepresentation or omission of information requested in this application, related documents or oral interviews may subject me to immediate dismissal.

It is my understanding that the YMCA will make a thorough investigation of my work and personal history and may verify all data given by me in connect with my application for internship/employment. I authorize such investigation and the giving of any information requested by the YMCA and I release from liability any person or entity giving or receiving any such information. I acknowledge that no written or oral statement or promises have been made to or relied upon by me regarding the length of my internship/employment or the reasons it can be terminated.

Applicant's Signature _____ Date _____

EAU CLAIRE YMCA
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