



13 British American Boulevard, Suite 2
 Latham, New York 12110
 518.867.8831
 across@hmahec.org
www.hmahec.org

Internship Application – for High School Students

Please note: We prefer applications to be printed, completed and sent via e-mail to across@hmahec.org Kindly remember to complete all sections of this application and send it with a copy your resume. Please also include a letter of recommendation from your teacher. Thank you for your interest!

1. Contact Information

Name (Last, First, Middle):		Date:	
Present street address:		City:	State: Zip:
Cell phone:	Alternate phone:	E-mail address:	
Are you above 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth:		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer	
What form of transportation do you have access to/use?			

2. Education

List the school and/or educational training program you are attending:

Name of School or Organization:	What grade are you in?	Date of expected graduation
Is this experience a part of class requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your teacher's name and what class?		

3. Internships Request

What type of Internship experience do you prefer?				
What type of Internship setting do you prefer? <i>(Please circle your choice)</i>				
Acute Care Setting Ex.-Hospital	Primary Care Setting Ex.-Health Center	Public Health Setting Ex. Cold Blue Shelter	Specialty Practice Ex. Orthopedics Office	Long Term Care Ex. Nursing Home
How many total hours needed?			What distance are you willing to travel?	
Availability: <i>(Please circle which days you are available)</i> Mon./Tues./Wed./Thurs./Fri.		Hours of the day available?		

** Please note –Some sites might require proof of immunization and a negative PPD within 12 months.
 Not all requests may be accommodated. **



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5. Goals

On a separate page, please describe 1) your educational goals and 2) why you are interested in healthcare careers.

6. References/Letter of Recommendation

Please list 2 references. In addition, please include at least one letter of recommendation from a teacher or coach.

2. Emergency contact information

Name (Last, First, Middle):		Relationship	
Present street address:		City:	State: Zip:
Cell phone:	Alternate phone:	E-mail address:	

7. Consent

<p>Student Consent Signature I certify that the information given in this application is true and correct. I understand that for my application to be considered complete it must include <u>one completed letter of reference, most current resume, signed Student Consent and signed Parental Consent.</u></p> <p>Signature of Applicant: _____ Date: _____</p>
<p>Parental Consent Signature <i>(TO BE COMPLETED BY A PARENT OR GUARDIAN)</i></p> <p>I give permission for _____ to participate in an internship. <small style="margin-left: 100px;">Name of Student</small></p> <p>We agree to and understand the following:</p> <p>____ Participants are responsible for their own transportation to the program.</p> <p>I certify that the information in this application is true and correct.</p> <p>Please print name of Parent/Guardian: _____ Date: _____</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>

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