



## Internship Application

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College: \_\_\_\_\_

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

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Internship Advisor / Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Semester Available: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Dates Available: Start \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of Credit Hours you will receive for Internship: \_\_\_\_\_

Will you have Insurance (Liability)? yes \_\_\_\_ no \_\_\_\_

What do you hope to learn from your internship experience? \_\_\_\_\_

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

How do you feel you can contribute to the success of Arete HealthFit? \_\_\_\_\_

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

\*If additional space is needed to answer the above questions, another sheet may be attached to this document.

Questions or comments? Please contact Erin Rademacher, Internship Coordinator

Phone: 952.918.9000 Fax: 952.918.9010 Email: [erinr@aretehealthfit.com](mailto:erinr@aretehealthfit.com)

Send completed application, cover letter, resume, transcripts, and letters of recommendation to:

Erin Rademacher  
c/o Arete HealthFit  
7037 Cahill Road  
Edina, MN 55439