



Health Education Internship Application

Due to the workload and demands of this internship, it is highly advised that students do not take classes nor work full time during the semester they participate. The internship will not work around class schedules or work schedules. Please do not apply if this is a concern.

Date of Application: _____

Name: _____

Phone Number: _____

E-mail Address: _____

University: _____

Major: _____

Year in School: _____

Semester and Year applying: _____

Do you have a reliable form of transportation? Yes No

Do you have a valid driver's license? Yes No

Are you able to be on your feet for 60 minutes while demonstrating exercises with and without a resistance band? Yes No

Are you able to lift 50 pounds? Yes No

Are you willing to make this internship your first priority? Yes No

How will this internship benefit you?

How do you believe you can benefit the health of the community/public through this internship?

Please list some of your volunteer and community service experiences.

How did you hear about this internship?

**Upon completion of this application, please submit application with resume to
Internship Coordinator, 1250 Hollipark Drive, Idaho Falls, ID 83401
or Email: tgeisler@eiph.idaho.gov. PDF attachments are preferred.**

For additional questions or clarifications, contact Timalee at 208-533-3149.

Application Deadlines:

January – April Semester, due October 15th
April – July Semester, due February 15th

July – September Semester, due May 31st
September – December Semester, due May 31st