



Healthy By Design Student Internship Application

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____

Name of School: _____ Year in School: _____

Class/Course: _____ Hours Needed: _____

Instructor/Advisor Name: _____ Phone: _____

Email: _____

Date you are able to start: _____

Hours of Internship:

Somewhat flexible on days and hours. Required minimum 10 hours/week, June through August, 2021. *Must be available for Gardeners' Market from 2pm-8pm beginning Thursday, June 10 through the conclusion of internship.

Are there certain days of the week that will NOT work with your schedule?

What are your objectives of this experience? (What do you need/want to accomplish during your Internship?)

Why are you interested in this particular internship opportunity? (Please explain.)

Have you ever been convicted of a felony? Yes No If yes, provide a date and explanation: _____

***All students at RiverStone Health are required to provide copy of current, up-to-date Immunizations and current flu shot (October 1 – March 31) or a valid written medical declination form signed by an MD or DO physician.*

Required for Demographic (Grant) Use Only:

Gender Identity: _____

Age Range (in years): <20 20-29 30-39 40-49 50-59 60+

Ethnicity: Non-Hispanic Hispanic

Race: _____

Hometown: _____ Is it Rural? _____

1st Generation College Student? Yes No

**Are you the first in your immediate family to attend college?*

I hereby attest that all of the above information is true and complete. I acknowledge that any material misstatements in or omissions from this application may constitute cause for denial of my application for a student experience at RiverStone Health.

Signature of Student (*Typed is acceptable for online forms*)

Date

Thank you for your interest in RiverStone Health!

Nikole Bakko, Outreach Coordinator
Eastern MT AHEC & RiverStone Health

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