



## Healthy By Design Student Internship Application

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_ Year in School: \_\_\_\_\_

Class/Course: \_\_\_\_\_ Hours needed: \_\_\_\_\_

Instructor/Advisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

Date you are able to start: \_\_\_\_\_

### Hours of Internship:

Somewhat flexible on days and hours. Required minimum 20 hours per week, May – August 2023. 280 hours total, additional hours available. Internship scheduled TBD in partnership with intern to mutually address internship credit and project requirements.

***\*MUST be available 1:30 – 7:00pm Thursdays***

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

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

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

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

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*\*\*All students starting after February 14<sup>th</sup>, 2022 will be required to show proof of COVID-19 vaccination OR receive an approved Medical or Religious Exemption, exemptions must be approved by RiverStone Health Staff (we will not accept other exemptions). Please let us know if you need an exemption form to submit for review. For more details about this rule please contact Nikole Bakko at 406-247-3284 or [Nikole.bak@riverstonehealth.org](mailto:Nikole.bak@riverstonehealth.org) \*\*\**

**Demographics: Required for Grant Use Only**

Gender Identity: \_\_\_\_\_

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

Ethnicity: Non-Hispanic  Hispanic

Race: \_\_\_\_\_

Hometown: \_\_\_\_\_ Is it Rural? \_\_\_\_\_

1<sup>st</sup> 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.

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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

[Nikole.bak@riverstonehealth.org](mailto:Nikole.bak@riverstonehealth.org)

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