



## **Women, Infants, and Children (WIC) 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: \_\_\_\_\_

**What are your requirements for your Internship?**

**What are you hoping to accomplish from this experience? How will WIC help you meet your goals?**

**Describe what you know about the WIC program:**

**What questions do you have for us?**

**Immunization Requirements:** All students must provide the following immunizations prior to rotation start. *Policies and exemption forms can be requested.*

- TB (Tuberculosis) - Proof of Negative test
- MMR (Measles, Mumps, Rubella) - Proof of vaccination
- Flu Vaccination or approved exemption (*Required from December 1 - April 1*)

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

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Date

Thank you for your interest in RiverStone Health!  
We will be in touch to set up a phone call, so we can  
best decide if and how we can meet your goals.

Kate Monger, WIC Program Manager  
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