





## Healthy By Design Student Internship Application

Name:	Today's Date:
Address:	City:
State: Zi	ip Code:
Email:	
Cell Phone:	
	Year in School:
Class/Course:	Hours needed:
Instructor/Advisor Name:	Phone:
Instructor Email:	
Date you are able to start:	
*MUST be available 1:30 – 7:00pm	lly address internship credit and project requirements.  Thursdays  that will NOT work with your schedule?
What are your objectives of this exp	perience? (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? No Yes If yes, provious and explanation:	de a date	
Immunization Requirements:		
• Negative TB test within the past 12 months of the training program start	date	
o Two-Step Test <b>OR</b> IGRA Blood Test <b>OR</b> Proof of annual testing with o	one	
completed in last 12 months <b>OR</b> if prior positive test, documentation	of clear	
chest x-ray within past 2 years.		
<ul> <li>Verification of MMR (Measles, Mumps, Rubella) vaccination</li> </ul>		
Demographics: Required for Grant Use Only		
Gender Identity:		
Age Range (in years): <20	60+	
Ethnicity: Non-Hispanic Hispanic Race:		
Hometown: Is it Rural?: Yes	No	
1st Generation College Student? Yes No 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 acknow any material misstatements in or omissions from this application may constituted 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 Nikole.bak@riverstonehealth.org

Office Phone: 406-247-3284