



## **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?**

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

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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.

[wic@riverstonehealth.org](mailto:wic@riverstonehealth.org)

406.247.3370