



HCI INTERNSHIP INTAKE FORM

Please complete the information below and check the required boxes.

1. Name: _____ 2. Date of Birth: _____
2. Address: _____

3. Cell Number: _____ 4. Email address: _____
5. College/University: _____
6. Major: _____
7. Select Current Year: Freshman Sophomore Junior Senior Graduate
8. How did you hear about the HCI internship program? social media website friend colleague
 other _____
9. Why are you interested in an internship at HCI: _____

10. Please indicate the HCI Practice Area/Domain you are most interested in:
 Health and Wellness Health Education
 Health Planning, Policy & Program Development Health Regulation & Compliance

Please provide the name and contact information of an academic reference/professor.

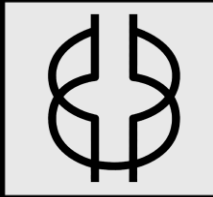
Name: _____ Title: _____
Phone: _____ Email: _____

Please submit your resume with this application.

DECLARATION OF VOLUNTEER INTERN

I understand that I will not be considered an employee of Health Concepts International, LLC (HCI). I understand that I am a volunteer and will not be compensated for my services and that I am not entitled to other monetary benefits in connection with my internship, unless otherwise indicated.

I will accept instructions for assignments from my HCI supervisor (s) and will keep my supervisor (s) informed of the status of my progress on assignments. I will notify my supervisor (s) if I am unable to report as scheduled or if I decide to withdraw from the internship.



HEALTH CONCEPTS INTERNATIONAL LLC

I understand that all materials/reports produced during my internship are owned by HCI.

I affirm that I do not have a criminal record.

I understand that HCI may terminate this agreement at any time.

I, _____, hereby request to serve as an intern (unpaid) with Health Concepts International, LLC for 3 months 6months 12 months Other _____

Signature of Intern: _____ Date: _____

In case of emergency, please notify: _____ Relationship: _____

Address: _____

Telephone Number: _____ E-mail: _____

For Official Use

Internship approved by: _____ Date: _____

Internship denied by: _____ Date: _____

Reason for denial: _____