



n o r t h e r n c a l i f o r n i a
Center for Well-Being

Internship Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____ Evening Phone _____

Email address _____

Have you attended any programs at the Center for Well-Being? Yes No

If yes, which classes? _____

Name of University: _____ Expected graduation Date: _____

Major: _____

Professor responsible for internship program (name and contact):

Number of hours available to intern _____ per week/month

Prefer regular hours Prefer assignments with flexible hours

Describe purpose of internship:

What other organizations are you involved with?

What skills/experience do you have that you might be able to contribute to the Center?
(e.g. medical, computer, graphics, organization, public speaking, carpentry, fundraising, etc.)

Please include a cover letter and resume.