



**Needs Beyond Medicine**  
 P.O. Box 521618  
 Salt Lake City, UT 84152  
[info@needsbeyondmedicine.org](mailto:info@needsbeyondmedicine.org)

Mail or Email the following:  
 ✓ Cover Letter  
 ✓ Resume  
 ✓ Application

## Internship Application

**Full Name:** \_\_\_\_\_  
Last First Middle

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I am applying for an internship:**    Fall (Sept-Dec)    Spring (Jan-Apr)    Summer (May-Jul/Jun-Aug)  
Circle One

How many hours per week will you be able to work? \_\_\_\_\_

If less than 10 hours, please list the times you are available: (for example: 10 am – 2 pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I will have other employment. Hours per week: \_\_\_\_\_

I do not know my availability yet.

I can determine my schedule around the needs of the internship.

Current or Most Recent University: \_\_\_\_\_

University City, State: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Degree & Major: \_\_\_\_\_ Minor: \_\_\_\_\_

### Employment History

Current or Most Recent Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

### References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Type: \_\_\_\_\_

### Why do you want to intern at Needs Beyond Medicine?

**Do you participate in any activity that contributes to cancer?** (i.e. smoking)                      No                      Yes

If yes, please explain \_\_\_\_\_

I certify that the information contained on this form and in my application packet is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All materials submitted become the confidential property of Needs Beyond Medicine and are not returnable. All qualified applicants will receive consideration for an internship without regard to race, color, sex, age, national origin, religion, disability, veteran status, sexual orientation, marital status, citizenship, or any other protected status.