



CAMPUS WELLNESS CENTER
Counseling and Wellness Center
430 Student Services Center 898-4697
California State University, Chico
95929-0702

INTERN APPLICATION FORM

FIRST NAME: _____ LAST NAME: _____ MI: _____

DATE OF BIRTH: _____ STUDENT ID #: _____

LOCAL ADDRESS: _____

TELEPHONE: _____ MAJOR: _____

CLASS LEVEL _____ Grade Point Average (overall) _____

How many semesters beyond the current semester will you attend CSUC? _____

E-MAIL ADDRESS _____

INSTRUCTIONS:

Complete the following and submit to 430 Student Services Center.

1. Internship Application Form (complete questions on back).
2. Up-to-date Resume.
3. Intern Rating Form from two references (faculty or former employers). Please ask each person you select to complete and return the form to us directly.
Two References who will be completing Rating Form:

1. _____ Phone: _____
2. _____ Phone: _____

Applications are due by 5:00 PM on Wednesday, April 29th in 430 SSC

I hereby authorize the Campus Wellness Center access to my CSUC academic record.

Signature

Date

Please answer questions below (type or print neatly). Use a separate piece of paper if needed.

What do you know about the Wellness Center and what we have to offer?

What interests you most about being an intern in the Wellness Center?

What experiences have you had with outreach, public speaking, peer education or giving presentations

What are some strengths you can bring to the WC, what are some things you feel you may need to work on?

How do you incorporate wellness into your own life?

What academic or job experience have you had that would prepare you for this internship?

My experience in using PC, Microsoft Word, publisher and other software designed for creating flyers is best described as: ___novice ___moderate ___experience

WELLNESS CENTER INTERN APPLICANT RATING FORM

_____ has submitted your name as a reference to assist the Wellness Center staff in evaluating his/her qualifications for a Wellness Center intern position. Please indicate below (circle a number) your assessment of this candidate in relation to other students you have worked with. One signifies poorest and ten the highest/best -- DK (don't know).

I. Outreach Skills

	Low	High	
Public Speaking	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Building Rapport with Others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Creativity	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Openness to Feedback		<u>1 2 3 4 5 6 7 8 9 10</u>	DK

II. Related Skills

Academic Ability	<u>1 2 3 4 5 6 7 8 9 10</u>	DK
Reliability/Dependability	<u>1 2 3 4 5 6 7 8 9 10</u>	DK
Initiative	<u>1 2 3 4 5 6 7 8 9 10</u>	DK
Ability to Work Effectively with Persons from Diverse Backgrounds	<u>1 2 3 4 5 6 7 8 9 10</u>	DK

III. In what capacity and how long have you known this student?

IV. Make any comments and/or list any special skill(s) or pertinent experiences of this student. (Use the back of this form if necessary.)

NAME: _____ DEPARTMENT: _____ DATE: _____

SIGNATURE: _____

Evaluator: Please return this form by 5:00 PM, Wednesday, April 29th, 2009 to:

WELLNESS INTERN SELECTION COMMITTEE –
COUNSELING AND WELLNESS CENTER
430 STUDENT SERVICES CENTER
CALIFORNIA STATE UNIVERSITY, CHICO
CHICO, CA 95929-0702
(530) 898-4697

WELLNESS CENTER INTERN APPLICANT RATING FORM

_____ has submitted your name as a reference to assist the Wellness Center staff in evaluating his/her qualifications for a Wellness Center intern position. Please indicate below (circle a number) your assessment of this candidate in relation to other students you have worked with. One signifies poorest and ten the highest/best -- DK (don't know).

I. Outreach Skills

	Low	High	
Public Speaking	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Building Rapport with Others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Creativity	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Openness to Feedback		<u>1 2 3 4 5 6 7 8 9 10</u>	DK

II. Related Skills

Academic Ability	<u>1 2 3 4 5 6 7 8 9 10</u>	DK
Reliability/Dependability	<u>1 2 3 4 5 6 7 8 9 10</u>	DK
Initiative	<u>1 2 3 4 5 6 7 8 9 10</u>	DK
Ability to Work Effectively with Persons from Diverse Backgrounds	<u>1 2 3 4 5 6 7 8 9 10</u>	DK

IV. In what capacity and how long have you known this student?

IV. Make any comments and/or list any special skill(s) or pertinent experiences of this student. (Use the back of this form if necessary.)

NAME: _____ DEPARTMENT: _____ DATE: _____

SIGNATURE: _____

Evaluator: Please return this form by 5:00 PM, Wednesday, April 20th, 2009 to:

WELLNESS INTERN SELECTION COMMITTEE –
COUNSELING AND WELLNESS CENTER
430 STUDENT SERVICES CENTER
CALIFORNIA STATE UNIVERSITY, CHICO
CHICO, CA 95929-0702
(530) 898-4697