



Flint Hills Wellness Coalition

2030 Tecumseh Rd | Manhattan, KS | 66502
785.776.4779 | info@flintheillswellness.org

Flint Hills Wellness Coalition Internship Program

How to Apply:

In addition to the application, please include the following items as an attachment within your message:

- Résumé/CV
- Description of project/internship goals (500 words or less)

All internship requests will be processed based on completeness of application, résumé/CV and description. A response will be garnered as time permits, but within a two (2) week timeframe after submission of appropriate documentation.

Application deadlines for students are follows: Fall Semester: 7/15 Spring Semester 11/15: Summer Semester: 4/15. Applications are accepted on a rolling basis but no later than the deadlines listed.

All applications must be submitted to: info@FlintHillsWellness.org

Workgroups:

- Administration Support (1)
- Nutrition Workgroup/Food and Farm Council (1)
- Transportation Workgroup (1)
- Access and Coordination of Services Workgroup (1)
- Mental Health Workgroup (1)
- Health Equity/Greater Northview Action Team (1)
- Tobacco Workgroup (1)
- Childcare (1)

For each program area, the maximum number of internships available per semester is indicated in parenthesis. Internships may not be available in each program each semester.

Compensation:

Please note that the Flint Hills Wellness Coalition is unable to provide compensation for internships.

Hours of Operation: Hours of operation vary by workgroup. Some after hours and weekend work may be requested or made available depending on the workgroup.



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Flint Hills Wellness Coalition Internship Application

Applicants will be notified via email as to whether or not opportunities are available during requested timeframe

Application deadlines are as follows: MPH Student Fall Semester: 7/15 Spring Semester 11/15: Summer Semester: 4/15.

Applications are accepted on a rolling basis but no later than the deadlines listed.

Contact Information

Name: _____ D.O.B: _____
(Last) (First) (MI) (MM.DD/YY)

Current Address: _____

Phone: _____ E-mail: _____

IN CASE OF EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone 1 _____ Phone 2 _____

I am applying for the (circle one): Fall Spring Summer Semester

Hours Required: _____ Approximate hours per week: _____

Start date: _____ End date: _____

Approximate

Education Information

Institution: _____

Department: _____ Graduate or Undergraduate _____

Year: _____ Degree: _____

Please summarize skills and qualifications you have acquired from previous experiences and education, including any certifications



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Program of Interest

Please select the workgroup for which you are interested in interning:

- Administration Support (1)
- Nutrition Workgroup/Food and Farm Council (1)
- Transportation Workgroup (?)
- Access and Coordination of Services Workgroup (?)
- Mental Health Workgroup (?)
- Health Equity/Greater Northview Action Team (?)
- Tobacco Workgroup (?)
- Childcare (?)

In a short paragraph, explain your interest and why you've chosen that particular workgroup

Availability

Please identify your availability

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please take into account the Flint Hills Wellness Coalition's normal operating hours

I have attached my resume/CV:

I have attached a description of my project and internship goals:

By submitting this application, I affirm the facts set forth are true and complete. I understand that if selected as an intern, any false statements, omissions or other misrepresentations on this application may result in my immediate dismissal.

Student: _____

(Signature)

(Date)

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.



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Internship Agreement

Student Name _____

Student E-mail _____ Area of Study _____

Address _____

Preceptor _____ Title _____

Phone _____ E-mail _____

Internship/Faculty Advisor _____ Title _____

Phone _____ E-mail _____

Full Time _____ Part Time _____

Hours Required: _____ Approximate hours per week: _____

Start date _____ End date _____

Approximate



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✓ if completed	Requirements to Begin Internship
<input type="checkbox"/>	Written description of Internship
<input type="checkbox"/>	Approval of Internship and preceptor and Faculty Advisor
<input type="checkbox"/>	Complete Internship Agreement (this form)

Signatures Required for Internship Approval:

Student: _____
(Signature) *(Date)*

Internship Faculty Advisor: _____
(Signature) *(Date)*

Preceptor: _____
(Signature) *(Date)*ⁱ

ⁱ This document was developed with permissions from and in collaboration with Saint Louis University College for Public Health & Social Justice. 3545 Lafayette Ave St. Louis, MO 63104