



INTERNSHIP APPLICATION INFORMATION & INSTRUCTIONS

To be considered for an Internship experience, a complete Internship Application **MUST** be submitted. College Interns should submit a resume in addition to their signed application. Any unanswered questions may delay process and placement. Your request will be processed as quickly as possible; however, please know that requests for experiences required for class or program credit will be processed first – therefore, at certain times of the year, a waiting list may be established for these experiences.

How to Submit Paperwork:

This completed application can be submitted electronically by clicking the SUBMIT button at the end of this application. Alternatively the application can be emailed or faxed in. Supporting documents can be emailed or faxed to:

Alicia C. Simpson, MS, RD, IBCLC, LD

Phone: 678-607-6052

Fax: 770-909-1402

Email: peapodnutrition@gmail.com

INTERNSHIP APPLICATION

Name: _____
Last *First* *Middle*

Current Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

___Female ___Male Telephone Number: (_____) _____

School/University and Program: _____

Must check any applicable box/boxes below for experience desired:

- School/University Internship (Attach resume to show extracurricular activities and work experience).
- Pre-requisite for application to a degree or certificate program (Need experience to be considered for program and will not be sponsored by school)
- Required experience for program (Already enrolled in program and need experience as completion or requirement of degree program/certification).

Area(s) of Interest:

Pediatric Nutrition	Women's Health	Grantwriting	Other:
Maternal Nutrition	Lactation/Breastfeeding	Non-Profit Management	
Marketing	Fundraising	Public Health	

Please answer all questions below completely & in as much detail as possible:

1. What type of career are you exploring?

2. List your top three choices for a specialty area/location within the general career field:

3. Describe your interest in the specialty areas you would like to explore:

4. Please provide specific details of time requirement for internship experience. (How many hours do you need? Example: "I need to complete 50 hours before 10/20/08")

5. Please give specific details of your availability for internship experience. Be very specific regarding dates and times that you will be available. Please consider class and work schedules, exams, etc. and use the following example as template: (Example: August through October, and I am available on Tuesdays and Thursdays from 9 am – 11 am, Mondays after 5 pm, and Saturdays from 8am - Noon.)

6. Provide contact information for the school or program Internship Coordinator/Academic Advisor:

Name of School and/or Program

Contact Name

(_____) _____

Phone Number

E-Mail Address

7. Have you ever been convicted or pled guilty to a violation, even if dismissed, of any law **other than** minor traffic violations?

Yes

No

If **yes**, list the violation and date of conviction or plea:

All Intern applicants must sign and date below (Please read carefully before signing):

I have read and understand the Application Information & Instructions section and have completed the Intern Application to the best of my ability. I voluntarily authorize Pea Pod Nutrition and Lactation Support to make a thorough investigation of my eligibility for my Internship experience. I understand that my Internship may be terminated for any misinformation, omission of facts appearing on the application form, or for any violation of rules or regulations.

Printed Name: _____

Date: _____

Signature: _____