|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** (Last, First, Middle Initial) | | | | | **Date** |
|  | | | | |  |
| **Telephone** | | | | **E-mail Address** | |
|  | | | |  | |
| **Type of Experience Desired** | | | | | |
| **Internship** – required for college graduation (typically 300+ hours)  **Mentorship** – one-month experience; not required for degree  **Shadowing** – two day experience | | | | | |
| **Desired Location** (preferred city/county for experience) | | | | | |
|  | | | | | |
| **Preferred Start/End Date** | | | **Academic Status** | | **Degree In Progress** |
| MM/DD/YY– MM/DD/YY | | | **Sophomore**  **Junior**    **Senior**  **Graduate**  **N/A** | | **Bachelor**  **Masters**  **Ph.D**  **N/A** |
| **Area of Study** | | | | **Objective for Learning Experience** | |
|  | | | |  | |
| **College/School /University** | | | | **Address** | |
|  | | | |  | |
| **(TO BE COMPLETED FOR INTERNSHIPS ONLY)** | | | | | |
| **University Contact Information (Advisor or Career Specialist)** | | | | | |
| **Name:** |  | | | | |
| **Telephone:** | |  | | | |
| **E-mail:** |  | | | | |

**Please return this form to:**

Amy Ritchey

Personnel Analyst/Recruiter – Office of Human Resources

**Phone:** (573)522-4150 **Fax:** (573)526-5521 **E-mail:** Amy.Ritchey@health.mo.gov