

HHPR Internship Application

(This form must be completed on a PC)

INTERN INFORMATION

Date:

Last Name:

First Name:

Baylor ID:

Phone Number:

Email Address:

Living Address
during Internship:

Emergency Contact
and Phone
Number:

May we contact you:

Yes

No

Major &
Concentration:

Intern Semester:

Graduation Semester
& Year:

CPR:

First Aid:

AGENCY INFORMATION

Reason you
selected this
agency:

Agency Name:
*(full legal name for
tax purposes)*

Supervisor:
(cite credentials)

Legal Contact:

Street Address:

Street Address 2:

City:

State:

Zip Code:

Agency Phone:

Agency Fax:

Agency Email:

Agency Website:

REGISTRATION INFORMATION

Semester:

ON or OFF Campus:

Is this
a Paid Internship:

Yes
No

If Paid, whom is paying:

Written
Confirmation of
Acceptance:
*(If available, copy
email from the
agency accepting
you and paste.*

-OR-

*Example:
"We, ____ (Agency),
accept the Baylor
University HHPR
intern
____ (Student),
to serve in our
agency."*



BAYLOR
UNIVERSITY

HEALTH, HUMAN PERFORMANCE,
AND RECREATION