

NON-CLINICAL INTERN APPLICATION

Mail Completed application to	:	Asian Pacific Health Care Venture, Inc. Attn: Human Resources Manager 4216 Fountain Ave. Los Angeles, CA 90029
Or email at	:	hrresume@aphcv.org

For students, please attach recommendation letters from Professor or teacher

Please include a resume of your previous work experience, paid and or volunteer.

PLEASE PRINT

Last Name First Nar		ame		M.I.	Date		
Street Address		City		State	Zip Code		
Home Phone			Work Pho	ne			
Do you have access to a car? A	Are you currently employed?			Can we call you at work?		?	
□ Yes □ No [Yes No			Yes No			
Occupation			Number o	f hours/week	(
Best time and place to be reached					Social S	ecurity No.	

IN CASE OF EMERGENCY:

Person to Contact	Relationship to you
Address	Phone Number ()

Date	Dates Available Starting:		Ending:				
Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours you are							
available							

EDUCATION	SCHOOL NAME	MAJOR	DEGREE	HAVE YOU GRADUATED?
High School				Yes No
College				Yes No
Post Graduate				🗌 Yes 🗌 No
Trade School				🗌 Yes 🗌 No

SKILLS/EXPERIENCE/HOBBIES/SPECIAL TALENTS:

Computers

Typing WPM: ___

Writing Public Speaking Fund raising Translation

Research
Teaching
Other [.]

LANGUAGES:

poken: Written:		Read:				
DO YOU HOLD A LICENSE/CI	ERTIFICATION IN ANY OCCUPATION	NAL FIELD?				
If Yes, please attach a copy						
If yes, what type?		License #:				
Туре:		License #:				
HOW DID YOU HEAR ABOUT	APHCV'S INTERNSHIP/VOLUNTEEF	R PROGRAM?				
Friend/Relative	Flyer	Website				
Teacher	Magazine/News Paper	Other:				
	hoices (1 for 1 st , 2 for 2 nd choice, etc.)					
Health Education Clinic Support	1					
Outreach and Ma	arketing					
Patient Services	-					
Human Resourc						
Facility Developr Information Tech						
Fund Developme						
Administration a						
Financial and Bil	ling					
IN WHICH SITE(S) WOULD YO	OU BE INTERESTED TO REPORT TO)?				
Π	Belmont Health Services					
	180 Union Place					
	Los Angeles, CA 90026-5701					
	John Marshall High School Based Clin	nic				
	3939 Tracy Street Los Angeles, CA 90027-3207					
	El Monte-Rosemead Clinic					
	9960 Baldwin Place,					
	El Monte, CA 91731-2204					
	Los Feliz Health Center					
	1530 Hillhurst Avenue Los Angeles, CA 90027-5516					
—						
	Administrative Office 4216 Fountain Avenue					
	Los Angeles, CA 90029-2256					

If you are under 18 years old, a parent/guardian's signature is required.

Datas		/	1
Date			
- D alo.	/	/	

Parent/Guardian's Signature

Applicant's Signature

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for an internship or volunteer work and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure placement shall be grounds for rejection of this application or for immediate discharge, regardless of the time elapsed before discovery.

Data		1	1
Dale.	/	/	/

INTERN SUPPLEMENTARY INFORMATION:

1. What program(s) are you interested with?

2. What skills can you bring to the program(s)?

3. How will your participation assist you in your career?