



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 : hresume@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 Name | | M.I. | Date | |
| Street Address | | | | City | | State Zip Code |
| Home Phone (____) | | | Work Phone (____) | | | |
| Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Occupation | | | | Number of hours/week | | |
| Best time and place to be reached | | | | | Social Security No. | |

IN CASE OF EMERGENCY:

| | | | |
|-------------------|--|------------------------|--|
| Person to Contact | | Relationship to you | |
| Address | | Phone Number (____) | |

| | | | | | | | |
|-------------------------|--------|---------|-----------|----------|--------|----------|--------|
| 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 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Post Graduate | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trade School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SKILLS/EXPERIENCE/HOBBIES/SPECIAL TALENTS:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Typing WPM: _____ | <input type="checkbox"/> Research |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Fund raising | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Translation | <input type="checkbox"/> Other: _____ |

LANGUAGES:

Spoken: _____ Written: _____ Read: _____

DO YOU HOLD A LICENSE/CERTIFICATION IN ANY OCCUPATIONAL FIELD?

Yes No

If Yes, please attach a copy

If yes, what type? _____ License #: _____

Type: _____ License #: _____

HOW DID YOU HEAR ABOUT APHCV'S INTERNSHIP/VOLUNTEER PROGRAM?

Friend/Relative Flyer Website
 Teacher Magazine/News Paper Other: _____

IN WHICH AREA(S) ARE YOU INTERESTED?

Please number your top three choices (1 for 1st, 2 for 2nd choice, etc.)

- _____ Health Education
- _____ Clinic Support
- _____ Outreach and Marketing
- _____ Patient Services
- _____ Human Resources
- _____ Facility Development
- _____ Information Technology
- _____ Fund Development
- _____ Administration and Strategic Planning
- _____ Financial and Billing

IN WHICH SITE(S) WOULD YOU BE INTERESTED TO REPORT TO?

- Belmont Health Services
180 Union Place
Los Angeles, CA 90026-5701
- John Marshall High School Based Clinic
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

