UNM’s Employee Wellness Internship / Field Experience Application



Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Information**

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School: Desired Field Experience Dates: From \_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_

Employee Wellness’s regular business hours are Monday – Friday, 8:00 am – 5:00 pm. Within this time period, what is your available schedule?

Monday - hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuesday - hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesday - hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday - hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday - hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Experience Advisor: Phone:

**I am interested in the following area(s):**

Fitness Programs

Nutrition Programs

Stress Management

Tobacco Cessation

Tracking and Evaluation

Ergonomics / Back Injury Prevention

Promotion/Marketing

Other:

What personal qualities do you think will assist you in having a successful Field Experience with UNM’s Employee Wellness? (Please attach a separate sheet if needed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your short-term goals?

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What are your long-term goals?

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List special skills and training related to health, nutrition, and/or fitness (certifications, etc.)

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Please send resume, letter of recommendation, transcripts and a completed application to:

**1700 Lomas Blvd. Suite 1400**

**Fax: (505) 277-8913**

**Email: wellness@unm.edu**