

**Employee Wellness
Internship/Field Experience Application**



EMPLOYEE
WELLNESS

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

_____ Promotion/Marketing

_____ Tobacco Cessation

_____ Tracking and Evaluation

_____ Ergonomics/Back Injury Prevention

_____ 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?

What are your long-term goals?

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

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

1700 Lomas Blvd. Suite 1400

Fax: 505.277.8913

Email: wellness@unm.edu