

Intern Application

Full Name:	Date:
Address:	Phone Number:
	E-mail Address

Department of Interest	# of hours needed:
Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Times: <input type="checkbox"/> 1 – 2 hours <input type="checkbox"/> 3 – 4 hours <input type="checkbox"/> 4 – 6 hours <input type="checkbox"/> 6 – 8 hours	
Specific Time: _____ to _____	Date available:
Describe the reason you are interested in interning at SNAHC	
Experience:	
How did you learn about Sacramento Native American Health Center, Inc.? <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other(<i>specify</i>):	

Government agencies at times require periodic reports on ethnicity, gender, handicap, veteran and other protected status of employees. Although SUBMISSION OF THIS INFORMATION IS VOLUNTARY, it is greatly appreciated for reporting purposes.		
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
	Veteran Status: <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Choose not to disclose	Disability Status <input type="checkbox"/> Not Disabled <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Choose not to disclose

Applicant Statement – I certify that the answers given herein are true and complete to the best of my knowledge

Applicant Signature:	Date:
Parent Guardian Signature (if a minor):	Date:

Due to the nature of this organization, Indian Preference will be exercised in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). Individuals claiming Indian Preference must submit documentation certified by tribe of affiliation or other acceptable documentation of Indian heritage.