

Internship - Expression of Interest

Date

Name

Preferred Pronouns

Phone Number

Email Address

City of Residence

School

**Program
of Study**

Graduation Year

**Desired Number of Hours
Each Week**

**Which type of internship
are you interested in?**

**Are you open to an unpaid
internship?**

Why are you interested in interning with Health Cities? What do you hope to learn?

When would you be looking to start the internship? Please provide start and end dates if possible.

Please email the completed form to admin@healthcities.ca