



INTERNSHIP APPLICATION

Name of Applicant:

Last: _____ First: _____ M.I. _____

Current Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

College or University:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Major Field of Study: _____ Major GPA: _____

Minor Field of Study: _____ Overall GPA: _____

Classification: _____ Expected Date of Graduation: _____

Internship Advisor: _____

Phone: _____ Email: _____

Please check the semester for which you are applying:

- Spring Internship
- Summer Internship
- Fall Internship

Do you have a club location preference:

- Yes: which location _____
- No

Please mail completed application to:

Kathy Burns-Hoffman
Internship Coordinator – Genesis Health Clubs
1551 N. Rock Road
Wichita, Kansas 67206

For questions, please contact

Kathy Burns-Hoffman
Phone: 316-634-0094
Email: kburns@genesishealthclubs.com
Fax: 316-634-2661

INTERNSHIP APPLICATION (continued)

1. At Genesis we value professionalism. Describe a position/situation in which you have held that requires a professional image. What factors contributed to your professionalism, how did that help your performance in that position/situation?
2. At Genesis we value Quality. What knowledge/experience do you have with health and fitness? How will you use your knowledge/experience to promote fitness to members and the community?
3. At Genesis we value Service. Do you have a heart for people/relationships? Describe a relationship you may have had in the past that was stressed or damaged. What action steps did you take to rectify that situation?
4. Please add any additional information about yourself that may qualify you for the position you are seeking: