

Dignity and Health for an Aging Population

Internship Interest Form

Completion of this form does not qualify you as an intern.

Please fill out this for	rm to the best of your ability.				
Name:			Today's Date	e:	
Phone #:	Email	:			
School/Program Nan	ne:				
Program (BSW, MSW	/, MPH, etc.):				_
Year of Internship: _					
Does HPC have a cor	ntract/MOU with your school,	/program? Y	es 🗆	No ☐ Unsure ☐	
Start date:		End Date:			
Number of hours required, per week:					
Do you have a Capstone Project requirement that takes place during internship hours?					
Yes □ I	No □				
Are you vaccinated against COVID 19? Yes $\ \square$ No $\ \square$					
Are you looking for a	fully remote internship? Y	es 🗆	No □	No Preference □	
How many days of your internship are you looking to work in the office?					
We have two offices available for internships, Santa Cruz, and Salinas, do you have a preference?					
Santa Cruz □	Salinas 🗆	No Preference	≘ □		

Email this form and your resume to HR@hpcn.org

440 San Benito St. Hollister, CA 95023 (800) 624-8304 Salinas Office 150 Cayuga St. Suite 3 Salinas, CA 93901 Santa Cruz Office 9000 Soquel Ave. Suite 103 Santa Cruz, CA 95062