

*Hypertrophic Cardiomyopathy Association*

INTERNSHIP APPLICATION FORM

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ (mm/dd/yy)  
(Last) (FIRST) (MI)

Local Address: \_\_\_\_\_  
(street) (City) (Zip)

Permanent Address: \_\_\_\_\_  
(If different) (street) (City) (Zip)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

I am applying for the \_\_\_\_\_ Semester OR \_\_\_\_\_ months  
Dates \_\_\_\_\_

What year are you in \_\_\_\_\_

What is your Major? \_\_\_\_\_

Email address: \_\_\_\_\_

Please identify up to four shifts with a total of at least 4 hours/week.

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed by HCMA staff

The Information above is verified and accurate to the best of my knowledge.

Staff Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Please respond to the questions below;

Why do you want to intern at HCMA?

What are your Strengths?

HCMA is always looking for interns with the following skills, please identify areas that you can/or would like to contribute to

- Medical Literature search
- Editing/writing
- Event Planning
- Social Media
- Design (Web, invitations etc.)
- Research

Aside your regular intern hours will you be available to participate in HCMA events (1-2 evenings per semester) during the semester?    Yes        No

Please Email application form and Resume to Donna Buechel email [support@4hcm.org](mailto:support@4hcm.org)  
If we feel that you are a good fit for the HCMA, you will be invited for a short interview and orientation before the Semester begins.