



# Training and Apprenticeship Program Application

## Personal Information

First Name:

Last Name:

Phone Number:

Email:

Address Line 1:

Address Line 2:

City:

State:

ZIP Code:

## Application Questions

Why are you interested in participating in the Training and Apprenticeship Program?

Describe your goals for the next 5 years (Educational and/or Professional):

Are you able to commit 20 hours per week for 5 months to participate in the program?

Are you interested in pursuing permanent employment with HealthRIGHT 360 upon program completion? Why?

How did you hear about the program? If someone referred you, please mention their name below.

Program Name \_\_\_\_\_

Program Approval Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email this application to [intern@healthright360.org](mailto:intern@healthright360.org)