



**HAMPTON UNIVERSITY PROTON CANCER INSTITUTE  
HAMPTON, VA 23666**

**OFFICE OF HUMAN RESOURCES  
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**INTERNSHIP APPLICATION FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(If different)

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

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

**IN CASE OF EMERGENCY CONTACT**

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

Cellular: \_\_\_\_\_ Home: \_\_\_\_\_

Interested Semester:  Fall       Spring       Summer

Intern Dates \_\_\_\_\_

Which year are you in? \_\_\_\_\_

What is your major? \_\_\_\_\_

Please identify your availability to commit to the internship program.

<b>Weekday</b>	<b>Start Time</b>	<b>End Time</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Student Signature: \_\_\_\_\_

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