

**University of Rochester Medical Center**  
Strong Memorial Hospital  
**Nursing Practice**  
Nurse Recruitment & Marketing  
601 Elmwood Ave – Box 619-19  
Rochester, NY 14642

Phone: (585) 275 - 3478  
\*FAX: (585) 756 - 5882  
\*E-Mail: smhnursingrecruitment@urmc.rochester.edu

**INTERNSHIP APPLICATION FORM**  
**Middle School and High School Students**

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Check Appropriate Box:  Middle School Student  
 High School Student

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Age: (if under 18 years) \_\_\_\_\_

Name of School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Area(s) of Interest: \_\_\_\_\_  
\_\_\_\_\_

Preferred Day(s) of Week: \_\_\_\_\_ Preferred Time(s): \_\_\_\_\_ am / pm

Please explain why you are requesting this experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Return this completed form by mail or fax to the address above.

**To Be Completed By The Office of Nurse Recruitment & Marketing**

Date of Internship Experience: \_\_\_\_\_ Time of Internship Experience: \_\_\_\_\_ am / pm

Date Student Notified/Internship Confirmed: \_\_\_\_\_

Procedure Explained to Applicant [re: orientation]:  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_