



Walla Walla
General Hospital

Student Chaplain Internship Application

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Emergency Contact Number _____

WWU Major _____ Minor _____

Grade Level _____

Do you have any physical disability that would limit your activity?

If "yes," please explain. _____

DESIRED WORK DAYS: (please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours preferred: _____

REFERENCES: Please include one reference for each of the following areas.

- 1) Work
- 2) Pastor
- 3) Academic

Please attach to the application the following documents:

- Your personal resume
- A one-two page autobiography
- A one-two page essay responding to the statement: "I am drawn to the ministry of chaplaincy because . . ."

Signature _____

Date _____