



Availability

How many hours do you need for your Internship Hours? _____

Weekdays	M	T	W	Th	F	Hours:	Weekends	Saturday	Hours:
mornings						_____ to _____	mornings		_____ to _____
afternoons						_____	afternoons		_____
evenings						_____			_____

Personal Interests and Dietetic Program Expectations (Private Practice)

Which dietetic areas are needed for your community nutrition / private practice rotation? How many hours?
 (Choose 5) prioritize from greatest to least interest

Professional Administration

- Develop community contact / follow up list
- Develop Lunch & Learn prep sheet
- Develop Nutrition Topic Brochure
- Assist with Website Development
- Assist with Marketing Implementation
- Assist with Client Development
- Assist with Developing Partners in Health Leads
- Assist in Developing Community Leads
- Other: Please list

Clinical (private Practice)

- Shadow client assessment
- Screen client (RD supervised)
- Assist with client anthropometric measurement
- Complete assessment PESS format (RD supervised)
- Observe Client Follow Up Session
- Complete Follow Up clinical note (RD supervised)
- Insurance billing and or credentialing
- Observe Minute Dietitian™ Session
- Other: Please list

Community

- Develop Lunch and Learn (L&L) Topic
- Assist with Lunch & Learn presentation
- Develop Nutrition Education Handouts or brochures
- Assist with health fair (prep, set up, event) if available
- Assist with community nutrition class
- Assist with community event
- Other: Please list

Food Service

- Assist with Food Demonstration
- Assist with Budget Guide Sheet
- Assist with Recipe Guide Sheet
- Assist with Pantry Parade Guidelines
- Assist with Menu Guideline Sheet
- Assist with Savvy Shopper Guide Sheet
- Other: Please list



Lora Williams, MS, RD, LD
721 N. Locust Street
Denton, TX 76201
(940) 380-8780
www.fullcircledenutrition.com

Expectations

Please describe the experience you hope to have and how you hope it will shape you as a future RD

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, classes, hobbies, interests, school clubs, sports, etc.

Previous Volunteer Experience

Summarize your previous volunteer experience (if any).



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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	

Our Policy

It is the policy of Full Circle Nutrition to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I appreciate your time and interest in interning with Full Circle Nutrition. I understand life happens and unexpected things come up. Please understand, I have usually coordinated learning opportunities for you. Please respect my time as I respect yours. If you are unable to make a previously agreed upon schedule, please call me at (940) 380-8780 **AT LEAST 24 hours in advance**. This courtesy will help me plan for the schedule change. Thank you.

Please initial to verify you have read this statement and understand: _____

Thank you for your interest in acquiring your intern hours with Full Circle Nutrition. I will contact you within 3 to 5 business days. If you do not receive a phone call, please call as something may have happened when sending you application.

E-Mail Address	
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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)		Date:
Signature		