



HUCKLEBERRY'S COLE STREET CLINIC  
Wellness Academy Internship Application  
2010-2013

**INTERNSHIP DESCRIPTION**

**WHO:** Sophomores who are interested in a health related career and are motivated to learn are encouraged to apply. We are looking for candidates with diverse academic backgrounds, and will not disqualify applicants based solely on academic performance.

**WHEN:** One day per week after school and one Saturday per month.

**WHERE:** Huckleberry's Cole Street Clinic, 555 Cole Street @ Haight, 94117.  
Off MUNI Lines: 6,7, 71, 43, 33, N-Judah.

**WHAT:** Get paid to participate in a unique **three and half-year internship** that will help you with college and career planning, offer **assistance with college applications** and give you the chance to **work directly with health professionals in your community**. During Year 1, you will receive academic case management, be trained part-time in health education topics from January–May. In the summer of your junior year you will begin a health internship. For Year 2, you will receive individualized help with college, and also have a part-time year-long clinical internship. For Year 3, you will continue to receive case management support to encourage success through your first year of college.

**WHY:** The Huckleberry Wellness Academy will teach you **valuable job skills**, help **prepare you for college and a well-paying career**, and will allow you to see for yourself what a career in health is all about. Caring staff will give you lots of encouragement and support with your personal, college and career goals. This will be a FUN opportunity to connect with other positive youth and adults!

**PLEASE** mail/fax/email or turn this application in to **Mónica Vargas or Molly Hongola @ Cole Street Clinic** (address above) by **5pm on December 18th!** Fax: 386-8212  
Email: [mhongola@huckleberryyouth.org](mailto:mhongola@huckleberryyouth.org) or [mvargas@huckleberryyouth.org](mailto:mvargas@huckleberryyouth.org)

If you have any questions, please call Mónica at (415) 386-9398 x304 or Molly x302



- 4) What do your friends and family like about you?
- 5) What 3 health issues do you think are most important to your community?
- a.
  - b.
  - c.
- 6) What are two things you hope to get out of this internship?
- 7) Are you interested in, and available for, employment as a Wellness Academy Trainee during the 2009-10, 2010-11, and 2011-12 school years (1-2 afternoons per week and 1-2 Saturdays per month)?
- 8) What other activities or time commitments will you have over the next two years (work, night school, family, sports, etc)? Please indicate how many days/hours a week each commitment involves.
- 9) What was the highest level of education your parents achieved? (please circle for both parent/guardian (s) if applicable)
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| <p><b>PARENT/GUARDIAN #1</b></p> <p>a) some high-school (no diploma)</p> <p>b) high-school graduate</p> <p>c) some college</p> <p>d) college graduate</p> <p>e) post graduate/masters</p> | <p><b>PARENT/GUARDIAN #2</b></p> <p>a) some high-school (no diploma)</p> <p>b) high-school graduate</p> <p>c) some college</p> <p>d) college graduate</p> <p>e) post-graduate/masters</p> |
|---|---|
- 10) Do you qualify for free or reduced lunch?



San Francisco Huckleberry Wellness Academy  
Authorization For Release of Information

To whom it may concern,

I, \_\_\_\_\_ declare that I am the parent/legal guardian of \_\_\_\_\_, and that my child is applying to be a participant in the SF Huckleberry Youth Wellness Academy. I authorize this program to receive the quarterly grades and attendance records as well as the yearly STAR test results for my child.

In order to do this, I authorize San Francisco Unified School District to release to this program: quarterly grades, attendance records, and STAR test results of my child to staff of the SF Huckleberry Youth Wellness Academy.

The purpose of the disclosure authorized herein is to:

1. Assist the program in evaluating the student's academic record during the application process.
2. Assist this program in accessing quarterly grade and attendance records:
3. Assist this program in providing academic case management for my child.
4. Provide information necessary for the evaluation of this program.

This authorization can be revoked at any time, if done in writing. If not revoked, this authorization will terminate for applicants accepted to the Wellness Academy on the last day of the Spring 2012 school semester. For applicants not accepted to the program, this authorization will terminate January 31, 2010.

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Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Youth \_\_\_\_\_ Date \_\_\_\_\_

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Wellness Academy Staff member \_\_\_\_\_ Date \_\_\_\_\_  
Vicky Valentine or Monica Vargas