# Healthy Youth Program

## OSU Student Volunteer and Internship Application

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Email:</td>
<td>Phone:</td>
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<tr>
<td>Major:</td>
<td>□ Undergraduate □ Graduate</td>
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**Interning/volunteering for credit?**  □ Yes  □ No  
**Required hours:**

**Term:**  □ Fall □ Winter □ Spring □ Summer  
**Year:**

**Desired start date:**  
**Application submission date:**

1. **What type of program(s) are you interested in volunteering/interning for?** Please check all that apply.
   - □ Youth Cooking Classes
   - □ Youth Gardening Programs
   - □ Preschool Programs
   - □ Family Programs
   - □ Summer Day Camps
   - □ Garden Maintenance/Garden Work Parties
   - □ Other: ___________________________________________________________

2. **Why are you applying to volunteer/intern for the Healthy Youth Program?**

3. **Describe your experience working with youth and/or families (include age ranges of children):**

4. **What qualities make you a good candidate for working with youth and/or families?**