## OFFICE OF THE CORONER



**Coroner:** Hayley Thompson, D-ABMDI Phone: 360-416-1996 Fax: 360-848-1173

Email: hayleyt@co.skagit.wa.us

Address: 1700 Continental Place, Mount Vernon, WA 98273

## **Internship Application**

Name:		Date of Birth:		
Mailing address:				
Phone number:	Cell Phone:		Email:	
Education				
If not a current student, any formal education/degree? Y N				
Degree and Major:				
College/University Attending(if applicable):				
Major:	Graduation Date:	Advisor:	Phone Number:	
Requirements for interr	nship:			
Employment				
Current Employer (if applicable):		Supervisor:	Phone Number:	
Job Duties:				
Contacts				
Emergency Contact:		Phone Number:		
	Refere	nces:		
Name:	Relation:	Phone:		
Name:	Relation:	Phone:		
**************************************				

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## **Internship Application**

What is your career goal?			
What do you hope to gain out of the internship?			
When are you available to start the internship?			
Can you commit to 2 months? Y N If no, explain:			
What day(s) of the week would you be available to intern (9am to 6pm)? Opportunity available to respond with investigator to scene calls after hours:			
Mon Tues Wed Thurs Fri Sat Sun			
Are you able to commit to at least 12-16 hours per week? Y N			
What is your availability after hours and on weekends?			
Are there any conflicts that might interfere with your availability to intern? Y $\square$ N $\square$			
If yes, explain:			
Have you applied with the Skagit County Coroner's Office as an intern before? Y N			
Have you ever completed an internship in a Coroner/ME office before? Y \ N			
If yes, where and for how long?			
Signature: Date:			
For office use only:			
Received on:_ By: Coroner Signature:			