



COUNTY OF MONTGOMERY
OFFICE OF THE CORONER

MONTGOMERY COUNTY HUMAN SERVICES CENTER
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CORONER
MICHAEL W. MILBOURNE, M.D.

FIRST DEPUTY CORONER
ALEXANDER BALACKI, M.S., F-ABMDI

INTERNSHIP APPLICATION
PLEASE TYPE OR PRINT

APPLICANT NAME: _____
LAST FIRST MIDDLE

PERMANENT ADDRESS: _____
NUMBER & STREET CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

COLLEGE/UNIVERSITY NAME: _____

DEGREE AND MAJOR: _____

ANTICIPATED GRADUATION DATE: _____ CURRENT YEAR IN SCHOOL: _____

ADVISOR'S NAME: _____ PHONE: _____

Indicate which term and year you plan to complete your internship. Term choices are Spring, Summer, and Fall. A shortened Winter term (4 weeks) is also available, but very limited.

First Choice: _____ Second Choice: _____

ATTACH TO THIS INTERNSHIP APPLICATION, COVER LETTER AND RESUME/CURRICULUM VITAE. PLEASE INCLUDE ANY RELEVANT COURSEWORK AND EXPERIENCE. ANY APPLICATIONS THAT DO NOT INCLUDE ALL OF THE REQUIRED DOCUMENTS WILL NOT BE CONSIDERED.

MAIL OR FAX COMPLETED INTERNSHIP APPLICATIONS