



---

College of Natural Sciences  
*Department of Kinesiology*

Dear Interested Fitness Assessment Internship Student,

Our Fitness Assessment Program at California State University, San Bernardino is located in HP 126 laboratory. As a student you are required to complete at least 5 hours a week of fitness assessments over the 15-week semester to fulfill your requirement for KINE 2500 course. To be considered for this internship you must have taken at least KINE 3800.

Throughout the semester you would refine your testing skills and test over 80 individuals, which include: heart rate, blood pressure, skin folds, flexibility, grip strength, push-up test, and sub-maximal aerobic cycling test. During the 15-week period you will become more comfortable and skilled at administering fitness assessments, communicating information effectively, and understanding the importance of cardiovascular disease risk factors.

If you are interested in this internship, please prepare the following documents and information seen below and submit all materials at this [link](#).

- **Contact info**
- **Schedule availability for quarter applying**
- **Answers to a few questions (see below)**
- **2 References**
- **Cover letter and Resume**

Please feel free to ask any questions and we look forward to your application.

Sincerely,

-----

Jason Ng, Ph.D., Co-Director, [Jason.ng@csusb.edu](mailto:Jason.ng@csusb.edu)

Nathaniel Bodell, Co-Director, Ph.D., [nathaniel.bodell@csusb.edu](mailto:nathaniel.bodell@csusb.edu)

---

909.537.5349 • fax: 909.537.7085 • <http://kine.csusb.edu>

**5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393**



College of Natural Sciences  
Department of Kinesiology

**Fitness Assessment Program**  
**Kinesiology Department**

**Student Internship Application**  
**Semester: \_\_\_\_\_ Yr: \_\_\_\_\_**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_  Phone: \_\_\_\_\_ ( home or  cell)

Student Status:  Junior  Senior Major & Advising Track: \_\_\_\_\_ Expected Graduation date:

Internship:  KINE 2500  Other \_\_\_\_\_

CPR Certified:  Yes  No Expiration Date: \_\_\_\_\_ ID #: \_\_\_\_\_

Other Certifications: \_\_\_\_\_

**Coursework.** Check below courses you have completed (*indicate Quarter Completed and Grade*) or courses that will be in progress (*indicate In Progress*).

- |  |  |
|--|--|
| <input type="checkbox"/> KINE 2100 _____ | <input type="checkbox"/> KINE 3700 _____ |
| <input type="checkbox"/> KINE 2700 _____ | <input type="checkbox"/> KINE 3800 _____ |
| <input type="checkbox"/> KINE 2305 _____ | <input type="checkbox"/> KINE 4100 _____ |
| <input type="checkbox"/> KINE 3100 _____ | <input type="checkbox"/> KINE 4400 _____ |
| <input type="checkbox"/> KINE 3200 _____ | <input type="checkbox"/> KINE 4800 _____ |
| <input type="checkbox"/> KINE 3250 _____ | <input type="checkbox"/> Other _____     |

**Availability:** Please list all available times you would be available to attend during the Semester you are applying. (**Interns must be able to attend a minimum of 5 hours/week and times must range from 8am-5pm**).

<b>Monday:</b>	
<b>Tuesday:</b>	
<b>Wednesday:</b>	
<b>Thursday:</b>	
<b>Friday:</b>	

Please list any concerns with your schedule

909.537.5349 • fax: 909.537.7085 • <http://kine.csusb.edu>

**5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393**

College of Natural Sciences  
*Department of Kinesiology*

Please describe any work experience or other practical experience that has prepared you to work in the Fitness Assessment Program.

Please explain why you are interested in working in the Fitness Assessment Program.

List two references (at least one of whom must be a KINE faculty member):

Name	Department/Employer	Phone

**If you have any questions please contact Dr. Nicole Dabbs at [ndabbs@csusb.edu](mailto:ndabbs@csusb.edu)**

909.537.5349 • fax: 909.537.7085 • <http://kine.csusb.edu>

**5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393**