

Prospective Internship Site Profile  
Department of Health Education & Behavior

Location: DeLand Florida Date: 7/22/2014  
City State

Agency: County of Volusia - Government

Contact: Celene Cone - Wellness Coordinator

Address: 230 North Woodland Blvd. Suite 250 DeLand Florida/32720  
Street / PO Box City State / Zip

Phone: 386-736-5951 Fax: 386-822-5006

Email: ccone@volusia.org Website: Volusia.org

What semesters is your agency available to accept interns?

- Fall (August – December)  Spring (January – April)  Summer (May – August)

Normal work hours (Please indicate any evening or weekend time commitments):

**Work Monday - Friday hours are 8:00 a.m. - 5:00 p.m. May have to work till 6:00 p.m. if needed.  
Do not work the weekends. The student needs to be flexible with schedule.**

Is office space available to interns?  Yes  No Share with employee  
Comments

Is a computer available to interns?  Yes  No Laptop  
Comments

Does your agency offer paid or non-paid internships?  Non-paid  Paid (amount): \$10.00

List other benefits your agency offers interns (i.e. housing, health insurance, travel reimbursement, etc.)

**There is no housing or health insurance or travel reimbursement.**

List required purchases for interning with your agency (i.e. parking pass, uniform, etc.)

**Free Parking. Collar Shirts are provided to the student as part of the uniform. Students need to bring a planning calendar.**

List the required skills or previous experience necessary for interning with your agency.

*Must be enrolled as a full-time student in college or university and have CPR certification. Prefer junior or senior level student. Applicant should be majoring in the field for internship, have experience working with people; possess strong customer service, computer skills and proper phone usage. Duties including assisting with implementation and delivery of wellness programs and special events; write articles for newsletter.*

Special Requirements (i.e. special application, proof of health insurance, immunization, etc.)

*Please note: All interns are required to purchase professional liability coverage for \$1,000,000.*

*Need to fill out application to apply for internship. Yes, show proof of health insurance, update on immunizations.*

List a description of duties your agency expects to be fulfilled by interns. Please include additional literature if desired.

*CPR, First Aid and Defibrillation required.  
Responsible for planning, implementing, organizing, coordinating and evaluation programs  
In early Fall - organize a Health, Wellness and Benefits Fair for three-half days  
Training employees on Weight Resistance and Cardiovascular equipment  
Know the Rules of the Wellness Centers and demonstrate understanding of the daily operations, proper usage and safety of the exercise equipment.  
Keep records of all participants in various programs. Analyze needs of participants.  
Develop one new wellness program, workout routines, bulletin board theme, write articles for the newsletter, a Power Point presentation to employees.  
Professional usage of the phone.  
Computer skills - Word, Excel, Power Point and Microsoft Office Publisher  
Assist wellness coordinator in other wellness programs  
Marketing the wellness programs  
Evaluation of the program  
Attending meetings with the following committees: Wellness Advisory, Fun Coast Worksite Wellness Council, Family Consumer Science Advisory and Overall Advisory.*

List any important information about your agency.

*Volusia County Government, four years in a row Gold Level Fit-Friendly Award from American Heart Association. The purpose of the wellness program is to promote and a healthy lifestyle for employees and their families and a safe and healthy work place. The County's most valuable assets - it's employees. County of Volusia challenges all businesses to elevate the well-being of their employees with health incentives and awareness programs.*

*Celene Cons*

Would you like to be added to the Department's list of approved sites for future interns?  Yes  No

FOR OFFICE USE ONLY: CONTRACT ON FILE: \_\_\_\_\_

Approval of Intern Coordinator: *MM/anz* Date: \_\_\_\_\_

Approval Expiration Date: *8-2016*