



**STUDENT INTERN PROGRAM  
Riverside University Health System-Public Health**

**Monthly Hours Activity Form**

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Intern Name: \_\_\_\_\_ Required Hours: \_\_\_\_\_  
 Program: \_\_\_\_\_ Site: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Supervisor Initials: \_\_\_\_\_

Date	Activity Description/Department	Start Time	Ending Time	# of Hours
Total Hours				

Reminder: This form is to be submitted **monthly** to the Volunteer Services Program at the end of each month. For your convenience, you can mail, fax or email to:

Riverside University Health System-Public Health  
 Volunteer Services Program  
 4065 County Circle Drive, Suite 205  
 Riverside, CA 92503  
 Fax: (951) 358-4457  
 Email: [AAlpine@ruhealth.org](mailto:AAlpine@ruhealth.org)