**Internship Application**

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| Student Information |
| Name: | Phone: |
| Street Address: | Email: |
| City:  | State: | Zip: |
| College or University Information |
| Name: | City, State: |
| Degree program: | Undergrad or Grad? |
| Faculty advisor for internship: |
| Advisor phone: | Advisor email: |
| Number of required internship hours: | Start date: |

County or counties within the DHD#10 jurisdiction in which you would prefer to complete your internship:

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| Program areas that would be most appropriate for your public health experience needs: |
| ❑ Health Education/Health Promotion❑ Worksite Wellness❑ Adolescent Health❑ Maternal, Infant and Child Health❑ Environmental Health Programs and Policy❑ Food Safety❑ Epidemiology❑ Substance Abuse Prevention❑ Social Work❑ Nutrition Programming | ❑ Health Screenings❑ Emergency Preparedness❑ Disease Surveillance❑ Community Planning❑ Community Health Coalitions and Partnerships❑ Public Health Administration❑ Public Health Research ❑ Risk Communication❑ Sexual Health |
| Please provide a short description of what you hope to accomplish while participating in a public health internship at DHD#10: |
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To apply for an internship, please send this completed application, cover letter, resume, and copy of student ID and driver’s license to: Jan Wiltse, PhD, at jwiltse@dhd10.org. The process is competitive and students must successfully complete an interview with DHD#10 staff.

December, 2016