

**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