

Internship Application



Student Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
E-Mail Address	

College/University Contact Information

Name of College/University	
City, State	
Degree Program	
Undergrad or Graduate?	
Faculty Advisor for Internship	
Advisor Phone #	
Advisor Email Address	
Required Hours for Internship	

Background Information

Do you possess a valid Michigan driver's license? Yes No

Is your license currently or has it ever been revoked, suspended, or restricted? Yes No

If yes, please explain:

Have you ever been convicted of a crime? Yes No

If yes, state when, where and nature of the offense:

Applying For

Term: Spring Summer Fall

Year: [Click here to enter text.](#)

One Semester More than one semester Other (Please specify)

Please list up to two posted internship opportunities you are applying for:

- 1.
- 2.

Interest Areas

Additional program areas that would be most appropriate for your public health experience needs and interests:

- | | |
|---|---|
| <input type="checkbox"/> Health Education/Health Promotion | <input type="checkbox"/> Health Screenings |
| <input type="checkbox"/> Worksite Wellness | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Disease Surveillance |
| <input type="checkbox"/> Maternal, Infant and Child Health | <input type="checkbox"/> Community Planning |
| <input type="checkbox"/> Environmental Health Programs and Policy | <input type="checkbox"/> Community Health Coalitions and Partnerships |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Public Health Administration |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Public Health Research |
| <input type="checkbox"/> Substance Abuse Prevention | <input type="checkbox"/> Risk Communication |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Sexual Health |
| <input type="checkbox"/> Nutrition Programming | |

Desired Outcomes

Please provide a short description of what you hope to accomplish while participating in a public health internship at DHD#10.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Required Documentation

To apply for an internship, please send this completed application, cover letter, resume, background check forms, university/college internship course handbook and copy of student ID and driver's license to: internship@dhd10.org. The process is competitive and students must successfully complete an interview with DHD#10 staff.

Thank you for completing this application form and for your interest in interning with us.