

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**Is your license currently or has it ever been revoked, suspended, or restricted?**  Yes  No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

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](mailto: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.