|  |  |
| --- | --- |
| Internship Application |  Image result for phab logo |

## 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**Is your license currently or has it ever been revoked, suspended, or restricted?** [ ] Yes [ ] No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 AreasAdditional program areas that would be most appropriate for your public health experience needs and interests: |
| [ ]  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 |

## 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.