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| 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**Is your license currently or has it ever been revoked, suspended, or restricted?** Yes No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 Areas Additional 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.

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## 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.