**Student Intern Application**

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| **Applicant Information** |
| Full Name: | Click or tap here to enter text. |  Date: | Click or tap to enter a date. |
| Street Address: | Click or tap here to enter text. |
| Mailing Address | Click or tap here to enter text. |
| City: | Click or tap here to enter text. | State: | Click or tap here to enter text. | Zip Code: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |

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| **Academic Institution**  |
| School Name: |  Click or tap here to enter text.  |
| Professor/Preceptor: | Click or tap here to enter text.  | Contact Number: | Click or tap here to enter text.  |

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| **Availability** |
| Semester in which you would like to intern: | fall [ ]  | spring [ ]  | summer[ ]  | Year:  | Click or tap here to enter text. |
| Start date: | Click or tap to enter a date. | End date: | Click or tap to enter a date. | Number of hours required:  | Click or tap here to enter text. |
| Please state general availability | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning | **\***Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **\***Click or tap here to enter text. |
| Afternoon  | **\***Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **\***Click or tap here to enter text. |

\*Regular MCHD hours are Mon-Fri 8-4, but may have occasional weekend activities

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| **Experience/Education and Skills** |
| Current Employment Status: | [ ] Full-time | [ ] Part-time | [ ] Not employed |
| Work Experience:  | Click or tap here to enter text. |
| Are you currently a full-time student?  | Yes [ ]  | No [ ]  |
| Level: | [ ] Freshman | [ ] Sophomore | [ ] Junior | [ ] Senior | [ ] Graduate |
| Major/Areas of Study:  | Click or tap here to enter text.  |

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| **Personal Information** |
| Describe your long-term career goals: Click or tap here to enter text. |
| Please list the proposed project or areas of interest: Click or tap here to enter text. |
| Please list any educational requirements for the student intern (e.g., assignments, readings, training, special projects, etc.):Click or tap here to enter text. |
| Why are you interested in an internship at the Meigs County Health Department? Click or tap here to enter text. |
| What specific experience would you like to gain through this internship?Click or tap here to enter text. |
| What are some examples of projects on which you have worked before?Click or tap here to enter text. |

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| **Professional or Personal References** |
| Name |  Relationship and Contact Information (email or phone #) |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I acknowledge that an electronic signature below is accepted as a legal equivalent of my signature.

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| Signature: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

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| Parent Signature (Required only if Student is Under 18) | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

Once the proposal has been reviewed, Senior Management and/or a Program Director will provide a written response via email to your internship proposal.

OFFICE ONLY: I have read and approved the internship proposal submitted above.

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| Senior Management Signature |  | Date: |  |

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| Program Director Signature |  | Date: |  |