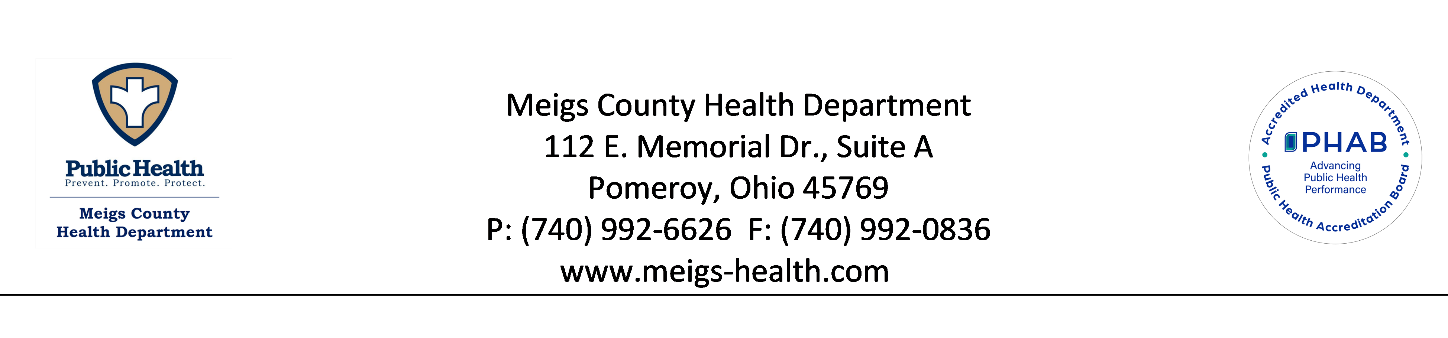
**Student Intern Application**

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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: |  |