

Intern/Volunteer Application



Applicant Information			
Name:		Date:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Mailing Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone #: ()	E-mail Address:		
Desired Start Date:	Desired End Date:		
# of hours/week:	# of weeks:	Total # of hours:	

Please describe your work availability and explain any significant schedule concerns below:

Personal Interests and Goals	
Main public health area of interest:	_____
Please indicate up to THREE (3) area(s) of the Department of Public Health in which you would like to work:	
Community Health Nursing	Public Health Emergency Preparedness and Response
Creating/Supporting Networks of Community Partners	Public Health Policy
Epidemiology	Social Services Outreach/FindHelpPhx.org
Family Health: Maternal and Child Health, Home Visiting	Tuberculosis & Refugee Program
Healthcare for the Homeless	Teen Pregnancy Prevention
HIV/AIDS, STD	Tobacco and Chronic Disease Prevention
Nutrition & Physical Activity	Vital Registration
Oral Health	WIC - Maternal and Child Health
Why do you wish to work at the Maricopa County Department of Public Health?	
What are your professional & personal objectives for this assignment?	
What are your future career goals?	

Are you applying for this internship with the intention of receiving University or College Credit?

YES NO

If Yes, please fill in the following section:
If No, please sign and submit.

Academic Information						
Current Academic Level:	FRESHMAN	SOPHOMORE	JUNIOR	SENIOR	GRADUATE	
College:			Address:			
From:		To:		Degree and Major:		
Overall GPA:		Did you graduate?	YES	NO		
Other College Information						
College:			Address:			
From:		To:		Degree and Major:		
Overall GPA:		Did you graduate?	YES	NO		
Faculty Advisor at Academic Institution:		Name: _____		Phone: () Email: _____		
Faculty Contact for Internship at Academic Institution if different than above:		Name: _____		Phone: () Email: _____		
Disclaimer and Signature						
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i></p>						
Signature:				Date:		

IMPORTANT! Please save the form locally to your computer before submitting.

If nothing happens when you hit the SUBMIT button, please save this filled form and send as an attachment to: interns_volunteers@mail.maricopa.gov