

# Intern/Volunteer Application



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

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

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

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](mailto:interns_volunteers@mail.maricopa.gov)

You may also wish to print a copy for your records. Printed copies can be scanned and submitted to the email address above.