



INTERNSHIP APPLICATION

Name:

Address (number, street, city, state, zip code):

Phone Number (Home):

Phone Number (alternate):

Email Address:

Academic Institution and Address:

University Contact Name:

Contact Phone Number:

Academic Program Studying:

Internship Period: Short-term (less than 10 weeks) Long-term (greater than 10 weeks)

Internship Start Date:

Internship End Date:

Days of Week Intern Can Work: M Tu Wed Th F

Total Hours Per Week:

Specify The Hours You Will Work Each Day:

INTERNSHIP DESCRIPTION

What are three objectives you would like to achieve by the end of your internship?

What are three skills you would like to develop and/or enhance during your internship?

How will this internship support your future career goals and/or plans?

What type of internship do you desire (i.e. project-based, observation)?



What Environmental Health topics are you most interested in?

1st choice _____

2nd choice _____

3rd choice _____

What experience and or skills do you have working with environmental health issues/topics?

Please rank the environmental health field(s) of interest that the student is most interested in focusing their internship (1 most interested in – 8 least interested in):

- | | |
|--|--------------------------|
| 1) Food safety/ licensed inspections (restaurant, pools, spas) | <input type="checkbox"/> |
| 2) Vector and Nuisance Control | <input type="checkbox"/> |
| 3) Lead Poisoning and Prevention | <input type="checkbox"/> |
| 4) Vital Records | <input type="checkbox"/> |
| 5) Drinking Water | <input type="checkbox"/> |
| 6) Indoor Air Quality | <input type="checkbox"/> |
| 7) Health Education | <input type="checkbox"/> |
| 8) General overview of all | <input type="checkbox"/> |

Does your school require an evaluation by Multnomah County Environmental Health at the completion of your internship?

Please provide any additional information that will be useful in placing you in a Multnomah County Environmental Health Internship?

Applicant signature

Date