



Monroe County Health Department

Monroe County, Indiana

Health Department

119 W. 7th Street
(812) 349-2543

Futures Family Planning Clinic

119 W 7th Street
(812) 349-7343

Public Health Clinic

333 E. Miller Drive
(812) 353-3244

Application for Student Internship

Applicant Information

Last Name	First	Date
Street Address		Apt/Unit
City	State	Zip
Phone	Cell Phone	
Email address:		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please explain:	
How did you hear about our internship program?		

Availability

Please check the semester in which you would like to intern:

☐ Fall ☐ Spring ☐ Summer ☐ Other, please explain: _____

Year: _____

Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	*						*
Afternoon	*						*

*Some internships may have occasional weekend activities.

Areas of Interest

Please indicate which area interests you:

☐ Health Administration ☐ Health Education ☐ Environmental Health ☐ Health IT ☐ Food Safety

☐ Emergency Preparedness ☐ Grant Writing ☐ Quality Improvement ☐ Other (explain below)

Other, please explain: _____

Experience/Education and Skills

Current employment status: ☐ Full-time ☐ Part-time ☐ Not Employed

Current or most recent paid position held:

Are you currently a full-time student?

☐ Yes ☐ No

If yes, please indicate school and concentration:

Level

☐ Freshmen ☐ Sophomore ☐ Junior

☐ Senior ☐ Graduate student

Major and Areas of study:

When will you graduate:

Do you speak any other languages?

☐ Yes ☐ No

If yes, please list language: _____

☐ Fluent ☐ Semi-Fluent ☐ Basic

Computer Skills/Software Used:

Personal Information

Why are you interested in an internship in our organization?

Have you had previous experience in Public Health?

What are some examples of projects on which you enjoy working?

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

Professional References	
Name	Relationship and contact info (e-mail and/or phone number)

In Case of Emergency:	
Name of person we should contact in case of an emergency:	Relationship to you:
Home phone:	Cell phone:
Work phone:	Other:

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.	
Signature:	Date:

Please send the completed application, along with a current resume, to Kathy Hewett, Internship Coordinator at khewett@co.monroe.in.us.

