



Fort Wayne-AlLEN County Department of Health Internship Application

SECTION I (Student must complete.)

Student's name: _____

Address: _____

Phone: _____

Email: _____

College/University: _____

Major/Degree: _____

Class (check one): graduate___ senior___ junior___ sophomore ___ other ___

Graduation date: _____

Overall GPA: _____

Request for: Spring [] Summer [] Fall [] Year []

Areas of interest (check all that apply):

Communications [] Informatics [] Infectious Diseases []

Laboratory [] Lead Poisoning Prevention []

Nursing/Immunizations [] Vector Control and Environmental Services []

Sexually Transmitted Diseases [] Other (please specify) _____

Briefly state why you wish to undertake this internship:

Please check which days you are available to work:

Mon [] Tue [] Wed [] Thu [] Fri [] Sat [] Sun [] HOURS: _____

NOTE: A resume must accompany this application. Thank you for your interest!

SECTION II (Faculty sponsor must complete.)

What are the learning objectives for student?

What will you expect the student to submit as evidence of the internship?

How many hours per week must the student work in order to receive college credits? Hours per week: []

This verifies that _____ will receive [] college credits for this internship.

Does the school's liability insurance cover this student while he/she is performing field study for Fort Wayne-Allen County Department of Health in exchange for college credits? Yes [] No []

Signature of Faculty Sponsor

Date

College / University

Address

Phone