



COMMUNITY HEALTH INTERNSHIP APPLICATION

Please note that Eastern Idaho Public Health does not offer internship hours seven days per week. It is our goal to accommodate your internship needs, however, we cannot guarantee to work around class and/or employment schedules. Please do not apply if this is a concern.

Date of Application: _____

Applicant Name: _____

Phone Number: _____

E-mail Address: _____

University: _____

Major: _____

Year in School: _____

Semester and Year Applying for Internship: _____

If applying for multiple internships, only one application is necessary.
Please mark the internship(s) that you are applying for:

☐ Health Education
Community/Public Health

☐ Early Childhood Education
Child Development

Do you have a reliable form of transportation?	Yes	No
Do you have a valid driver's license?	Yes	No
Are you able to lift 50 pounds?	Yes	No
Are you willing to make the internship your first priority?	Yes	No
Are you willing to teach grades 5-12?	Yes	No

How will this internship benefit you?

How do you believe you can benefit the health of the community/public through this internship?

Please list some of your volunteer and/or community services experiences.

How did you hear about this internship?

Upon completion of this application, please submit application with resume to:

Christina Capel ccapel@eiph.idaho.gov

*****PDF attachments are preferred**

Application Deadlines:

January – April Semester, due October 15th

April – July Semester, due February 15th

Sept. – Dec. Semester, due May 31st