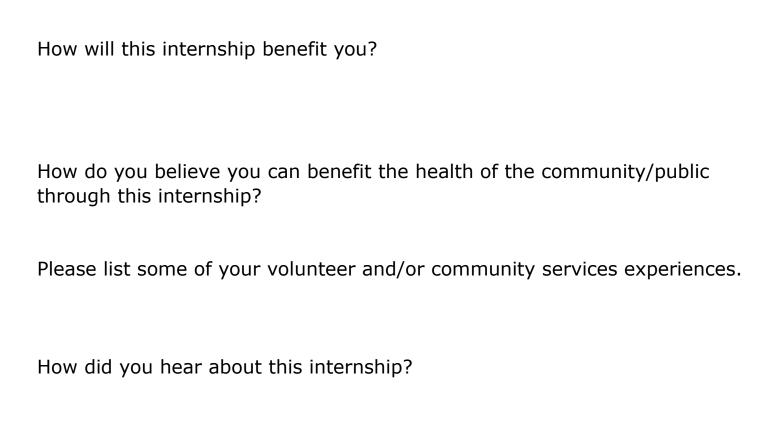


## **COMMUNITY HEALTH INTERNSHIP APPLICATION**

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 in Please mark the internship(s) that you are applying for:	necessary	y.
☐ Health Education ☐ Early Childhe Community/Public Health ☐ Child Develo		ation
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



## Upon completion of this application, please <u>submit application with</u> <u>resume</u> to:

Christina Capel <u>ccapel@eiph.idaho.gov</u>

\*\*\*PDF attachments are preferred

**Application Deadlines:** 

January – April Semester, due October 15<sup>th</sup> April – July Semester, due February 15<sup>th</sup> Sept. – Dec. Semester, due May 31<sup>st</sup>