



### INTERNSHIP APPLICATION FORM

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street) (City) (Zip)

Permanent Address: \_\_\_\_\_  
(If different) (street) (City) (Zip)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you need to satisfy college credit or practicum requirements?  Yes  No. (If yes, please attach forms provided by your school)

Name of college professor/academic dean: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Internship session:  fall  winter  spring  summer Hours per week: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Total # of weeks: \_\_\_\_\_

School attending: \_\_\_\_\_

Year and major: \_\_\_\_\_

Why do you want to intern with PHIWM?

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What do you hope to learn? \_\_\_\_\_

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Please identify areas that you can/or would like to contribute to:

- Accounting
- Bookkeeping
- Budgeting
- Computer Applications/Web Development
- Contract Management
- Evaluation and Assessment
- Program Development
- Research
- Social Media/Marketing Communications

**References (two references should be from faculty):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (City) (Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (City) (Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (City) (Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Your signature below indicates that you were fully advised and aware that this is an unpaid intern position.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

Please email application form to [info@PublicHealthWM.org](mailto:info@PublicHealthWM.org) for consideration to our internship program. Thank you.