



Public Health
Prevent. Promote. Protect.

**Peoria City/County
Health Department**

Intern and Volunteer Application

DATE:

APPLICANT CONTACT INFORMATION:

Full Name
Current Address
Permanent Address
Email
Phone

ARE YOU APPLYING AS A VOLUNTEER WITH NO ACADEMIC CREDIT REQUESTED?

Yes No

IF YOUR INTERNSHIP IS REQUESTED FOR ACADEMIC CREDIT - SUPPLY THE FOLLOWING:

School Name
School Address
School Website
Internship Coordinator Name
Internship Coordinator Email
Internship Coordinator Phone
Current Grade Level
Year of Graduation and Degree
Major

AVAILABLE TIME SCHEDULE:

Indicate total number of hours required or requested.

Indicate your expected start date, month, and year.

Indicate your expected end date, month, and year.

Days and times you expect to work (if tentative or working from home, please state that):

Monday	Times available
Tuesday	Times available
Wednesday	Times available
Thursday	Times available
Friday	Times available

APPLICANT QUESTIONS:

Describe or list career goals and objectives.

Describe or list particular areas of interest in public health.

What specific activities do you want to complete while interning?

Describe or list any skills, abilities, expertise, or experiences you will bring to this position.

Describe what you expect to gain from this experience.

SEND COMPLETED APPLICATION, SCHOOL HANDBOOK OR LIST OF SCHOOL INTERNSHIP REQUIREMENTS, AND RESUME, CV, OR SHORT LETTER OF INTEREST TO:

PeoriaHealth@peoriacounty.org

THANK YOU FOR YOUR INTEREST IN PUBLIC HEALTH AND INTERNSHIP OPPORTUNITIES AT PEORIA CITY/COUNTY HEALTH DEPARTMENT.