A picture containing text, sign

Description automatically generatedGraphical user interface, text

Description automatically generated with medium confidenceHAMPTON & PENINSULA HEALTH DISTRICTS

INTERNSHIP / PRACTICUM APPLICATION

In addition to completing this form, please send your Resume or Curriculum Vitae to InternshipHPHD@vdh.virginia.gov

Population Health

Community Health Assessment and Community Health Improvement Plans (CHA – CHIP)

Community Programming and Outreach Events

Gun and/or Domestic Violence

Food Insecurity

Marketing/Communications

Substance Use Disorder Programming

Other Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | DATE Click or tap to enter a date. |
| LAST NAME Click or tap here to enter text. | FIRST NAME Click or tap here to enter text. | | M. I. Click or tap here to enter text. |
| ADDRESS Click or tap here to enter text. | | | |
| CITY Click or tap here to enter text. | STATE Click or tap here to enter text. | | ZIP CODE Click or tap here to enter text. |
| TELEPHONE NUMBER Click or tap here to enter text. | | | EMAIL Click or tap here to enter text. |
| COLLEGE/UNIVERSITY ATTENDING Click or tap here to enter text. | | | DEGREE Click or tap here to enter text. |
| AREA OF CONCENTRATION (a more focused area of study within a major) Click or tap here to enter text. | | | |
| INTERNSHIP or PRACTICUM? Click or tap here to enter text.  **Internship** – official or formal program to provide practical experience for individuals just starting in field of study.  **Practicum** – (in a college or university) the part of a course consisting of practical work in a particular field | | | |
| AVAILABILITY (date range, if applicable) Click or tap here to enter text.  REQUIRED TOTAL HOURS NEEDED (if applicable) Click or tap here to enter text. | | | |
| AREA(S) OF INTEREST  Emergency Planning & Response  Discrete Populations – Nursing Homes, Incarcerated, etc.  Hazard Vulnerability Analyses  Incident Command System  Medical Reserve Corps  Program Planning and Evaluation  Public Health Emergencies  Public Health Exercises and Development  Other Click or tap here to enter text.  Business Office  Accounts Receivable  Accounts Payable  Contracts Management  Facilities Management  Health & Human Services Grants Management  Procurement  Purchasing  Other Click or tap here to enter text.  Environmental Health  Food  Hotels/TES (tourist establishments)  Onsite – Septic/Wells  Rabies  Summer Camps/Campgrounds  Swimming Pools/Marinas  Water Quality/Beach Water Monitoring  Other Click or tap here to enter text.  Epidemiology  Nursing  Community Health & Communicable Disease  Family Planning Clinic  Immunization Clinic  Sexually Transmitted Infections (STI) Clinic  WIC – Women, Infants, & Children  Other Click or tap here to enter text. | | | |
| Applied Epidemiology  Data Analysis  Environmental  Infectious Disease  Other Click or tap here to enter text. | | | |
| EMERGENCY CONTACT (Please list a point of contact in case of an emergency) | | | |
| LAST NAME Click or tap here to enter text. | | FIRST NAME Click or tap here to enter text. | |
| PHONE NUMBER WITH AREA CODE Click or tap here to enter text. | | | |

If you have questions about this application, please call or email:

InternshipHPHD@vdh.virginia.gov Robin Williford at (757) 594-7503, (757) 315-3781 or Susan Reith at (757) 594-8014

**Statement of Agreement**

I hereby certify that all entries on this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any rights in service to the *Hampton & Peninsula Health Districts*.

I understand that all information on this application is subject to verification, and I consent to a criminal background investigation. I also consent to references and former employers (professional or volunteer) and educational institutions listed being contacted regarding this application. I further authorize the *Hampton & Peninsula Health Districts* to rely upon and use, as it sees fit, any information received from such contacts.

I understand that during my internship/practicum with the *Hampton & Peninsula Health Districts*, I may learn facts about individuals being served that are of a highly personal and confidential nature. I agree not to disclose any information to any person not affiliated with *Hampton & Peninsula Health Districts* and not authorized by *Hampton & Peninsula Health Districts* to have such information.

Signature Date

**FOR LOCAL HEALTH DISTRICT (LHD) USE ONLY**

Accepted Click or tap here to enter text.

Denied Click or tap here to enter text.

Signature of Designated LHD Official Date