HAMPTON & 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.

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| --- | --- | --- |
|  |  | 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 INTERESTEmergency 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.EpidemiologyNursing[ ]  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