Central Michigan District Health Department
Public Health Experience Application

Name:

Address:

Phone:

Email:

Emergency Contact Name and Phone Number:

I am interested in the following opportunities.

☐ **Volunteer** ☐ **For one day or one event** ☐ **Short-term (one week – one semester)** ☐ **Ongoing (indefinite period of time)**	☐ **Job Shadow** ☐ **For one day or less** ☐ **Shadow _____ (name the position)** ☐ **Intermittent Shadowing (Date range: _____)**
☐ **Internship** ☐ **One semester for _____ hours** ☐ **One project to complete competencies**	☐ **Clinical Rotation for _____ hours** ☐ **PA student** ☐ **Nurse Practitioner student** ☐ **College of Med student** ☐ **Nursing student** ☐ **Dietetic student** ☐ **Social worker student** ☐ **Office administration student** ☐ **High school/Career Tech student** ☐ **Medical Assistant student**

I am interested in the applying for the following department(s):

☐ **Administration (Human Resources, Information Technology, Accounting)**

☐ **Emergency Preparedness**

☐ **Environmental Health (Well, Septic, Food, Recreational Water)**

☐ **Community Health (Family Planning, Health Education, HIV/STD services, Hearing and Vision)**

☐ **Personal & Family Health (WIC, Immunizations, Communicable Disease, Maternal/Infant Health)**

☐ **Other (please describe: _____)**

I am interested in an opportunity in the following location(s):

☐ **Arenac County (Standish)**	☐ **Isabella County (Mt. Pleasant)**
☐ **Clare County (Harrison)**	☐ **Osceola County (Reed City)**
☐ **Gladwin County (Gladwin)**	☐ **Roscommon County (Prudenville)**
☐ **No preference**	

If applicable:

Name of College/University/High School attending: _____

Name of Instructor: _____

Name of Course/Program of Study requiring volunteer/internship experience:

_____

Dates/Semesters this experience must be done:

**Please include copies of class or project requirements with this application.

Please Note:

- This application will be forwarded to the appropriate Director for consideration.
- An interview may be required prior to consideration of placement.
- Additional materials (i.e. cover letter/resume, etc.) may be requested by Central Michigan District Health Department prior to consideration of placement.
- Upon approval, all applicants will be asked to sign a confidentiality agreement.
- Upon approval, applicants will be asked for immunization records.
- Upon approval, applicants may be asked to sign an agreement for a background check.
- Completion of this application does not mean automatic placement. Placement is determined by the appropriate Director at Central Michigan District Health Department.