



Public Health
Prevent. Promote. Protect.

STUDENT INTERNSHIPS AND PRACTICUM EXPERIENCES APPLICATION FORM

TO BE COMPLETED AND RETURNED TO NORWOOD CITY BOARD OF HEALTH

1. DATE:
2. NAME:
3. EMAIL:
4. PHONE NUMBER:
5. SCHOOL NAME:
6. PROGRAM AREA/DEGREE:
7. TYPE OF POSITION YOU'RE APPLYING FOR:
 - INTERNSHIP
 - PRACTICUM
 - SERVICE-LEARNING
 - VOLUNTEER
 - OTHER

EXPLAIN:

8. ESTIMATED START DATE: MONTH, DAY, YEAR
9. ESTIMATED END DATE: MONTH, DAY, YEAR
10. LENGTH OF EXPERIENCE/TOTAL HOURS:

TELL US A BIT ABOUT WHAT YOU'RE HOPING TO LEARN AND DO WITH US. PLEASE INCLUDE SPECIFIC REQUIREMENTS YOU MAY HAVE.

EMAIL YOUR RESUME AND THE COMPLETED APPLICATION FORM TO: SELSHAER@NORWOODHEALTH.ORG