

PRE-APPLICATION FORM HEALTH STUDIES INTERNSHIP

NAME: _____

SOCIAL SECURITY NUMBER: _____

ANTICIPATED SEMESTER OF INTERNSHIP: _____

EMAIL: _____

LOCAL PHONE: _____

Answer all of the following questions:

- Do you want to work with a specific age group? Specify:

- Would you like to work with a specific cultural group? Specify:

- Of the following, in which setting are interested in doing an internship? Check all that apply:

- ___ Primary/secondary school program
- ___ University or Community College (i.e. wellness programs, health education resource centers)
- ___ Medical Care Institution/Hospital/HMO (i.e. Health Promotion Department, Community Education, Senior Health)
- ___ Voluntary organizations (i.e. American Red Cross, American Lung Association)
- ___ Worksite (Employee Health Promotion Programs)
- ___ Rehabilitation Centers/Nursing & Retirement Homes
- ___ Professional associations (i.e. American School Health Association)
- ___ Governmental agencies (i.e. CDC, National Institutes of Health)
- ___ Public Health Departments (i.e. Illinois Department of Public Health, Coles County Public Health Department)
- ___ Environmental agencies (i.e. Environmental Protection Agency)
- ___ Mental health agencies (i.e. Alcohol & Drug Center)
- ___ Community Agency (i.e. Big Brothers/Big Sisters, YMCA)
- ___ Private Sector (i.e. Pharmaceutical Companies, Insurance Companies)
- ___ Other: SPECIFY: _____

- Do you have a geographical preference? (i.e. home town, Charleston)
Where and Why?