

Macon County Health Department
1221 E. Condit St., Decatur, IL 62521



Public Health
Prevent. Promote. Protect.

Macon County Health Department

APPLICATION FOR INTERNSHIP POSITION

THIS APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO BEGINNING INTERNSHIP

SECTION I (To be completed by student)

Name

Street Address

Apt.

City

State

Zip Code

(_____) _____
Phone Email

University/College

Major

To be completed by Administration

___ Internship approved

Preceptor

Title

Division

___ Internship not approved

College Class which requires Internship

Course Instructor/Advisor overseeing internship

What type of Internship are you requesting: ___ Health Promotion ___ Environmental Health ___ Nursing
 ___ Social Service ___ Senior Service ___ Nutrition
 ___ Public Health ___ Family Case Management ___ Dental
 ___ Other (please specify: _____)

Number of internship hours required by the program: _____ hours

Tentative date to begin Internship: _____ Tentative date to complete Internship: _____

Days of the week you are available: (please circle) M TU WED TH FR

Proposed hours per week you are available: (please check) ___ < 10 ___ 10-20 ___ 20-30 ___ 30-40

Do you plan to receive college credit for this internship? ___ YES ___ NO Number of credit hours: _____

Please list three specific objectives to be accomplished during your internship:

1. _____
2. _____
3. _____

SECTION II: To be completed by the student's internship instructor or advisor for the college/university

This student is enrolled in an approved program at the university/college. I recommend this student for an internship at the Macon County Health Department and will be available to discuss student's internship requirements, activities, progress, and performance. I agree to forward an internship contract which identifies student goals, objectives, and liability. I also agree to at least one site visit to the Macon County Health Department.

Course Instructor/Advisor

Phone

Date