

Open Doors Intern Program

Screening/Application Form

Date of Application: _____

Contact Information

Name: _____

Permanent Address: _____

City, State, Zip: _____

Current Address: _____

City, State, Zip: _____

(address good until _____)

Day Phone: _____

Home Phone: _____

Email: _____

Emergency Contact: _____

(include name, relation, and telephone)

Education

University: _____

Department: _____

Undergraduate Degree: _____

Graduate Degree (in progress): _____

Other: _____

Are you an international student? Yes _____ No _____

Are you receiving college credit for this placement? Yes _____ No _____

Languages spoken: _____

Ethnicity (optional)

Caucasian

Hispanic

African-American

Other:

Asian

Pacific Islander

Native American

Course Work Completed (check as many as applicable)

Health Education

Physiology/Anatomy

Human Sexuality

Public Health

Adolescent Sexuality

Health Systems Overview

Program Planning, Development and Evaluation

Community Organization

Epidemiology

Statistics

Family Planning

Other:

Area of Focus for Intern Placement (check as many as applicable)

Health Education

Administration

Clinical Experience

Community Outreach/Public Relations

Research

Other

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Agency Placement Requests/Job Title (list in order of preference)

1. _____
2. _____
3. _____

1. Dates of availability (start/end dates) _____
2. Requested minimum and maximum placement length (in weeks) _____
3. Requested minimum and maximum hours per week _____
4. Stipend amount: _____

For more information please contact:

Mona Strehler, Human Resources
Essential Access Health
3600 Wilshire Blvd., Suite #600
Los Angeles, CA 90010

Telephone: (213) 386-5614 ext. 4415
Fax: (213) 368-4427
Email: mstrehler@essentialaccess.org

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Do not write below this line

Placement Referrals

- Date: 1. _____
- Date: 2. _____
- Date: 3. _____

Placement Agreement

Start date: _____

Placement length (in weeks): _____

Hours per week: _____

Agency/Intern Contract signed/received: _____

Evaluation received: _____