

Open Doors Intern Program 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 receiving college credit for this placement?

Yes _____ No _____

Languages spoken: _____

Course Work Completed (check as many as applicable)

- | | |
|--|---|
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Program Planning, Development and Evaluation |
| <input type="checkbox"/> Physiology/Anatomy | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Human Sexuality | <input type="checkbox"/> Epidemiology |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Adolescent Sexuality | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Health Systems Overview | <input type="checkbox"/> Other: _____ |

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

- | | |
|--|--|
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Community Outreach/Public Relations |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Research |
| <input type="checkbox"/> Clinical Experience | <input type="checkbox"/> Other _____ |

Open Doors Intern Program APPLICATION FORM

Ethnicity (optional)

- Caucasian
- Hispanic
- African-American
- Other:

- Asian
- Pacific Islander
- Native American

Internship Assignment Requests/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 _____

For more information please contact:

Mona Strehler
Open Doors Coordinator
Essential Access Health
Telephone: (213) 386-5614 ext. 4415
Fax: (213) 368-4427
Email: jorgensenhr@essentialaccess.org

For Internal Use Only Do not write below this line

- Start Date: _____
- Assignment duration (weeks): _____
- Hours per Week: _____
- Intern Evaluation received: _____
- Supervisor Evaluation received: _____