

# 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 _____                         |

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### 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  
3600 Wilshire Blvd., Suite #600  
Los Angeles, CA 90010

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: \_\_\_\_\_