



Internship Request Form

Please complete the below form in its entirety. Once completed, please submit the form and your resume to Courtney Sheeley by email at Courtney.Sheeley@dph.ga.gov or fax at (229) 333-7822.

Date of Submission:

Name:

Email:

Phone Number:

School:

Number of Hours Needed:

Internship Time Frame:

Preferred Location (select all that apply):

- | | | |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Ben Hill | <input type="checkbox"/> Echols | <input type="checkbox"/> Tift |
| <input type="checkbox"/> Berrien | <input type="checkbox"/> Irwin | <input type="checkbox"/> Turner |
| <input type="checkbox"/> Brooks | <input type="checkbox"/> Lanier | <input type="checkbox"/> District (Valdosta) |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Lowndes | |

Fields of Interest (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Health Promotion/Education |
| <input type="checkbox"/> Communications/Public Relations | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Nutrition |
| | <input type="checkbox"/> Other (please specify) |

Area of Education:

Level of Education:

- Undergraduate
- Graduate

Please provide any additional information regarding your desire to pursue an internship with South Health District.

OFFICE USE ONLY: Date received (___/___/___) by _____
 Up to date MOU on file? Yes No
 Routed to _____
 Approved Denied

Internship Location: _____
 Start date (___/___/___) End date (___/___/___)
 Point of contact: _____