



South Health District Internship Request Form

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 to (229) 333-7822. Please note a background check, up-to-date immunization record and Tuberculin Skin Test (TST) will be required if accepted as an intern.

Date of Submission:

Name:

Email:

Phone Number:

School:

Number of Hours Needed:

Dates Requested:

Preferred Location (select all that apply):

- Ben Hill
- Berrien
- Brooks
- Cook
- Echols
- Irwin
- Lanier
- Lowndes
- Tift
- Turner
- District (Valdosta)

Fields of Interest (select all that apply):

- Accounting/Finance
- Communications/Public Relations
- Emergency Preparedness
- Environmental Health
- Epidemiology
- Health Promotion/Education
- HIV/AIDS
- Information Technology
- Nursing
- Nutrition
- 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 SAA on file? Yes No
 Routed to _____
 Approved Denied

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