



Jennifer Green PhD MPH
Director and Local Health Officer
2030 Tecumseh Rd
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www.rileycountyks.gov/health

Riley County Health Department Internship Application

Applicants will be notified via email as to whether or not opportunities are available during requested timeframe

Application deadlines are as follows: MPH Student Fall Semester: 7/15 Spring Semester 11/15: Summer Semester: 4/15

Other prospective intern applications (non-MPH students) will be accepted on a rolling basis.

Contact Information

Name: (Last) (First) (MI) D.O.B: (MM.DD/YY)

Current Address:

Phone: E-mail:

IN CASE OF EMERGENCY CONTACT

Name: Relationship:
Phone 1 Phone 2

I am applying for the (circle one): Fall Spring Summer Semester

Hours Required: Approximate hours per week:

Start date: End date:

Approximate

Education Information

Institution:
Department: Graduate or Undergraduate
Year: Degree:

Please summarize skills and qualifications you have acquired from previous experiences and education, including any certifications

Blank lines for summarizing skills and qualifications.



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Program of Interest

Please select the program area for which you are interested in interning:

- Administration
Childcare Licensing
Family Connections
Health Education
Public Health Clinic
Public Health Emergency Preparedness
Raising Riley
Women, Infants and Children (WIC) Program

In a short paragraph, explain your interest and why you've chosen that particular program

Five horizontal lines for writing a paragraph.

Availability

Please identify your availability

Table with 3 columns: Day, AM, PM. Rows for Monday through Friday.

Please take into account the Riley County Health Department's normal operating hours

I have attached my resume/CV: [checkbox]

I have attached a description of my project and internship goals: [checkbox]

By submitting this application, I affirm the facts set forth are true and complete. I understand that if selected as an intern, any false statements, omissions or other misrepresentations on this application may result in my immediate dismissal.

Student: \_\_\_\_\_

(Signature)

(Date)

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.