

Jackson County Health Department

1715 Lansing Avenue • Jackson, MI 49202 • Phone (517) 788-4420 • Fax (517) 788-4373



Student Internship Application

Please email application and resume to appropriate Division Director.

Your Name:.	Address:.
Phone:	City/State/Zip:.
Academic Institution:.	Email:
Major/Minor.	Degree Program:
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Resume Included <input type="checkbox"/> Cover Letter Included

Are you applying for this public health experience with the intention of receiving college or university credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please answer the following:</i>	
Faculty Advisor at Academic Institution:	Phone: Email:
Faculty contact for Internship if different than above:	Phone: Email:

Please provide a description of what you hope to accomplish while participating in a public health internship at JCHD.

Student Signature

Date