

# 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:

# Open Doors Intern Program APPLICATION FORM

**Area of Focus for Intern Placement (check as many as applicable)**

Health Education

Community Outreach/Public Relations

Administration

Research

Clinical Experience

Other

# Open Doors Intern Program APPLICATION FORM

## Ethnicity (optional)

- Caucasian
- Hispanic
- African-American
- Other:

- Asian
- Pacific Islander
- Native American

## Internship Assignment Requests, by title (list in order of preference)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- 1. Dates of availability (start/end dates) \_\_\_\_\_
- 2. Requested minimum and maximum placement length (in \_\_\_\_\_)
- 3. Requested minimum and maximum hours per week \_\_\_\_\_

## For more information please contact:

Cheryl Guttenberg  
Open Doors Coordinator  
Essential Access Health  
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: \_\_\_\_\_