

# Orange County Health Department Interest / Inquiry Form

## Internal Use Only

Form Received date: \_\_\_\_\_  
Name of recipient: \_\_\_\_\_  
Name logged into database (date): \_\_\_\_|\_\_\_\_|\_\_\_\_

Referred to: \_\_\_\_\_  
Date: \_\_\_\_|\_\_\_\_|\_\_\_\_

Division: \_\_\_\_\_

Follow-up Result: \_\_\_\_\_  
Date: \_\_\_\_|\_\_\_\_|\_\_\_\_

### 1. Student Contact Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email address \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

### 2. Interest areas at Health Department: (indicate top 3 from 1-3. 1 represents first choice.)

- Clinical Health
- Community-Based Research
- TB/Refugee Health
- Immunizations
- Epidemiology

- Human Services
- HIV/CHEERS/HUG ME
- Strategic Planning
- Women's Health
- WIC

Health Promotions/ Risk Communication

NOTE:  
Descriptions of each  
division can be found  
online at [www.orchd.com](http://www.orchd.com)

### 3. High School, College or University:

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| <input type="checkbox"/> USF    | <input type="checkbox"/> FSU      | <input type="checkbox"/> _____                               |
| <input type="checkbox"/> UCF    | <input type="checkbox"/> Valencia | <input type="checkbox"/> Other In-State (specify): _____     |
| <input type="checkbox"/> Nova   | <input type="checkbox"/> UF       | <input type="checkbox"/> Other Out-of-State (specify): _____ |
| <input type="checkbox"/> Walden | <input type="checkbox"/> Webster  |  |

### 4. Interests / Area of Study

Major: \_\_\_\_\_

Specialty area \_\_\_\_\_

**5. Degree Sought:**

- |                                |                              |                              |                               |
|--------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> BA/BS | <input type="checkbox"/> RN  | <input type="checkbox"/> MPA | <input type="checkbox"/> MD   |
| <input type="checkbox"/> BSN   | <input type="checkbox"/> MA  | <input type="checkbox"/> MBA | <input type="checkbox"/> ARNP |
| <input type="checkbox"/> AA    | <input type="checkbox"/> MPH | <input type="checkbox"/> PhD | <input type="checkbox"/>      |
- Other \_\_\_\_\_

**6. # of semesters completed toward degree:** \_\_\_\_\_

**7. Major Professor:** Name: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

**8. Intern Coordinator:** Name: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

**9. Where did you hear about intern opportunity at the Orange County Health Department?**

**10. In two or three sentences, explain why you are seeking an internship opportunity with the Orange County Health Department.**

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**11. List knowledge, skills or abilities which you believe may be relevant as a health department intern. (e.g. languages spoken; knowledge of specific software applications; laboratory techniques; certifications; etc.)**

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*Please complete this form and send a current CV or resume, copy of curriculum, behavioral objectives, preceptor requirements, total number of hour/schedule requested.*

*Materials may be received by US mail or fax.*