



**CITY OF DANBURY DEPARTMENT OF  
HEALTH & HUMAN SERVICES  
INTERNSHIP APPLICATION**

*PLEASE TYPE OR COMPLETE IN INK*

<b>NAME (Last, First, M)</b>		<b>HOME PHONE</b>	<b>ALTERNATE PHONE</b>
<b>CURRENT ADDRESS (Street, City, State, Zip)</b>		<b>PERMANENT ADDRESS (Street, City, State, Zip)</b>	
<b>EMAIL ADDRESS</b>		<b>COLLEGE/UNIVERSITY</b>	
<b>DEGREE</b>	<b>MAJOR</b>	<b>MINOR</b>	
<b>SPECIALIZATION</b>	<b>EXPECTED GRADUATION DATE</b>	<b>CUMULATIVE GPA</b>	

**ACADEMIC LEVEL**

- Freshman   
  Sophomore   
  Junior   
  Senior   
  Graduate   
  Post Graduate

**INTERNSHIP AREAS OF INTEREST**

Indicate program(s) of interest to you:   
 Unpaid Internship   
 Paid Internship (\*very rarely available)  
 Practicum   
 Career Exploration/ Job Shadowing

Indicate available quarter(s)/semester(s):   
 Fall   
 Winter   
 Spring   
 Summer   
 Year: \_\_\_\_\_

**SUPPORTING INFORMATION**

**How many hours are you available to work per week?**

**Provide a brief statement as to how the internship program will assist you in accomplishing your future professional goals:**

**SIGNATURE**

I certify that my responses to all of the questions in this application are true and complete to the best of my knowledge. I also certify that I am 18 years of age or older and I understand that I am responsible for the accuracy of this application.

<b>Signature of Applicant</b>	<b>Date</b>

**SUBMIT YOUR COMPLETED APPLICATION, ALONG WITH THE FOLLOWING DOCUMENTS TO:**

[PHinterns@danbury-ct.gov](mailto:PHinterns@danbury-ct.gov), or  
 Danbury Department of Health & Human Services, 155 Deer Hill Avenue, Danbury, CT 06810

- Current Resume
- 2 Completed Public Health Internship Reference Forms or letters of reference
- Verification of Enrollment (e.g., academic transcript, advising report)



**CITY OF DANBURY DEPARTMENT OF  
HEALTH & HUMAN SERVICES**  
PUBLIC HEALTH INTERN REFERENCE FORM

**PLEASE TYPE OR COMPLETE IN INK**

**STUDENT NAME (Last, First, M)**

**SCHOOL NAME (College/University)**

**THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY A PROFESSIONAL/BUSINESS REFERENCE**

REFERENCE NAME	TITLE
COMPANY/SCHOOL	EMAIL ADDRESS

Your recommendation will be used to assist in evaluating the applicant's academic and professional work experience during the selection process. The Danbury Department of Health & Human Services (DHHS) appreciates your time in completing this recommendation for the above referenced applicant. This program offers students the opportunity to gain practical experience and knowledge in public health, which will help to develop core public health competencies. Students will work under the mentorship and supervision of professional staff members in an DHHS field division or administrative office. The recommendation you provide will be critical in the selection process.

**1. What is the relationship (e.g., supervisor, professor) to the applicant?**

**2. How long have you known the applicant?**

**3. How would you rate the applicant's attendance/timely submission of assignments?**

**4. Would you recommend this person for an internship position? Please explain how the applicant's attributes (e.g., academic ability, work experience, professional potential, initiative/creativity, motivation, dependability) would contribute to the position.**

**Signature of Reference**

**Date:**