



Internship Application

Full Name: _____ **Date:** _____

Address: _____

Phone: _____ **Email:** _____

School: _____ **Program:** _____

Advisor Name: _____ **Advisor Title:** _____

Advisor Phone: _____ **Advisor Email:** _____

I am applying for the following internship opportunity: _____

I am available to begin an internship during this date range: _____

Additional Requirements, Notes or Special Accommodations:

I authorize Clark County Public Health to obtain information about me from my school(s) attended. I also authorize my school(s) attended to disclose to Clark County Public Health such information as may be requested about me including but not limited to copies of evaluations and transcripts, and any information regarding disciplinary actions and notations regarding performance issues.

I understand that false or misleading information given in my application or interview may result in disqualification for internship placement. I understand that I am required to abide by rules and regulations of Clark County and all applicable laws.

Signed: _____ **Dated:** _____
