CATAWBA COUNTY PUBLIC HEALTH DEPARTMENT
INTERN/VOLUNTEER PROGRAM

Please fill out this form online; then either:

☐ Print and mail it to:
Debra Young, Catawba County Public Health, 3070 11th Ave. Dr. SE, Hickory, NC 28602

☐Or save the file, and email to dyoung@catawbacountync.gov

REMEMBER: Inclusion of your school internship requirements is mandatory for you to be considered for an internship. Please make sure a copy of your school's internship requirements is attached with your application form

Name: _____

Address: _____

Phone: _____ Email: _____

School/College: _____

School/College Contact Person and Title: _____

Address:_____

Phone: _____E-mail:_____

Internship Information:

Will your internship be: ☐ clinical OR ☐ non-clinical

If yes to clinical, name of preceptor if applicable: _____

Phone: _____ E-mail: _____

1. When is your start date? _____ End date: _____
2. How many hours per week? _____
3. Times that you are available? _____

INTERVIEW QUESTIONS

1. What is your area of study?

2. What classes/courses are you currently taking?

3. Please list any pertinent work experience:

4. What is your current knowledge of Public Health and its services?

5. Why have you chosen Public Health for your internship/volunteer experience?

6. What skills do you possess that would make your time more productive (i.e., computer skills, etcetera)?

7. What do you hope to learn during your field experience at the health department?