



## Tompkins County Whole Health

# INTERNSHIP APPLICATION FORM

Use this PDF form as a convenience to draft your application. Do not submit this PDF. Applications only accepted from the online form.

### Application information

<b>Legal Full Name:</b>	<i>Last</i> <i>First</i>	<b>Preferred Name (if any):</b>	
<b>Date of Birth:</b>		<b>Pronouns (optional):</b>	
<b>Language(s):</b>		<b>Race/Ethnicity:</b>	
<b>Mailing Address:</b>	# <i>Street</i> <i>City</i>	<b>Email Address:</b>	
	<i>State</i> <i>Zip</i>	<b>Phone #:</b>	

### Educational Background

<b>Current educational institution:</b>	<input type="checkbox"/> Cornell <input type="checkbox"/> Ithaca College <input type="checkbox"/> TC3 <input type="checkbox"/> Other: Click or tap here to enter text.	<b>Any other relevant educational experience you want to share:</b>  Click or tap here to enter text.
<b>Current education level:</b>	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Other: Click or tap here to enter text.	
<b>Current program/degree of study:</b>	Click or tap here to enter text.  <input type="checkbox"/> Please check here if you are seeking a <i>clinical internship</i> (social work, nursing, counseling, etc.)	
<b>Expected graduation date:</b>	Click or tap to enter a date.	
<b>Are you a Full time or Part time student?</b>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other: _____	
<b>What does your educational institution require (if anything) of an internship supervisor?</b>	Click or tap here to enter text.	
Please note that you are responsible for ensuring expectations from your educational institution are clear to your supervisor.  <i>(Example: "My school requires internship supervisors complete an online training before the internship, and a survey after the internship.")</i>		

## Internship Pathway

<b>Preferred internship start term (select all that apply):</b>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter	<input type="checkbox"/> Other: Click or tap here to enter text.
<b>Will you be eligible for Federal Work Study for the academic term(s) selected above?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: Click or tap here to enter text. <i>Please note this does not impact eligibility.</i>
<b>Preferred number of internship hours per week:</b>	<input type="checkbox"/> 4 - 8 hours <input type="checkbox"/> 9 - 12 hours	<input type="checkbox"/> 12+ hours <input type="checkbox"/> Other: _____
<b>Please indicate the days/times you would be able to report on-site to a TCWH location if you were brought on as an intern (Ex: Monday AM, Tuesday PM, etc.)</b>	Click or tap here to enter text.	

## Applicant Questions

**Please briefly explain why you are interested in pursuing an internship with Tompkins County Whole Health and how it aligns with your career goals. Please feel free to highlight any special skills or abilities that you may bring to this experience.**

**Do you have any specific scheduling restrictions or availability concerns during the internship period?**

**What specific public health or mental health issues or challenges do you feel passionate about?**

**Are there any population groups or communities you are particularly interested in working with?**

**What specific courses or topics have resonated with you the most during your studies? Why?**

Are there any public health/mental health subfields or specialties that you are curious to learn more about?

Do you have knowledge of any relevant software/tools (e.g., statistical software, programming languages, data visualization tools), or are there any tools you want to learn?

Please select the program(s)/department(s) which interest you: (select all that apply)

- |                                                                         |                                                               |
|-------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Administration                                 | <input type="checkbox"/> Vital Records                        |
| <input type="checkbox"/> Health Promotion                               | <input type="checkbox"/> Healthy Neighborhoods Program        |
| <input type="checkbox"/> Public Health Communication                    | <input type="checkbox"/> Community Health Worker Program      |
| <input type="checkbox"/> Children with Special Care Needs               | <input type="checkbox"/> Zero Suicide/Suicide Prevention      |
| <input type="checkbox"/> WIC/Maternal Child Health                      | <input type="checkbox"/> Public Health Emergency Preparedness |
| <input type="checkbox"/> Public Health Nursing                          | <input type="checkbox"/> Communicable Disease                 |
| <input type="checkbox"/> Mental Health Nursing                          | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Environmental Health                           | <input type="checkbox"/> Mental Health Clinic:                |
| <input type="checkbox"/> Overdose Prevention Efforts                    | <input type="checkbox"/> Adults                               |
| <input type="checkbox"/> PROS (Personalized Recovery Oriented Services) | <input type="checkbox"/> Children & Youth                     |
|                                                                         | <input type="checkbox"/> Forensics                            |
|                                                                         | <input type="checkbox"/> Dual Recovery Services               |

## References (Required)

Applicants are required to provide **two references**.

These references will only be checked for candidates in the final application phase.

Recommenders should be familiar with the applicant's education, training, experience, aptitude, or promise relevant to internship position(s) for which the application is being submitted.

*(Examples of potential references include: previous employer, student services/academic advisor, a current or former professor, a community or religious leader, academic/internship advisor, etc. Please do not use family/friends as a reference.)*

### Complete the areas below with information on how to contact your references.

Reference 1 Name:	
	<small>FIRST</small> <small>LAST</small>
Reference 1 Email:	
Reference 1 Phone #:	

Reference 2 Name:	
	<small>FIRST</small> <small>LAST</small>
Reference 2 Email:	
Reference 2 Phone #:	

### Please select below to confirm:

Yes, my references have agreed to be contacted on my behalf.

## Resume (Required)

Documents should be emailed to: [WholeHealthInterns@tomkins-co.org](mailto:WholeHealthInterns@tomkins-co.org)

Subject title should be: FirstInitial\_LastName\_Resume

## Disclaimer and signature

**Disclaimer: In applying for this internship, you are acknowledging that you can commit at least four hours on-site per week with Tompkins County Whole Health, and that you will be able to maintain your academic success in doing so.**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_