



# Erie County Department of Health (ECDOH) Application for Internships/Clinical Rotations/Volunteer Positions

To apply for an internship, clinical rotation or volunteer position with the ECDOH, please complete and return all of the following items to MJ Carlo at [carlom@erie.gov](mailto:carlom@erie.gov) or by fax 716-858-8701. For questions, please call 716-858-2737.

1. **Application below (Please type or clearly print information)**
2. **Cover letter and resume**
3. **One professional/academic letter of recommendation**

ECDOH internships, clinical rotations and volunteer positions are not paid positions. Acceptance or denial is based on staff needs and availability. Correspondence will be sent to you indicating acceptance or denial.

## Applicant Information

Type of position you are applying for:          Internship          Clinical Rotation          Volunteer

Today's Date:

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Student Advisor Information

Name & Title:

Signature:

Mailing Address:

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## School/University Information

College/University Name:

Major:

Name of the Program at your College/University that requires you to complete this internship:

Name of the School/Department at your College/University that the above Program falls under:

Is this internship/rotation required for you to graduate?          Yes          No          Graduation Date (month & year)

Will you receive school credits for this internship/rotation?          Yes          No

Semester & Year you are requesting: Year:          Spring (Jan-May)          Summer (June-Aug)          Fall (Sept-Dec)

Days you can work:          Mon          Tues          Wed          Thurs          Fri          Sat          Sun

Number of hours you are requesting:          Hours you can work:

## Program Information

Select the ECDOH program(s) you are applying for:

### Internships and Volunteers:

[Community Wellness](#)          [Teen Wellness](#)          [Epidemiology/Disease Control](#)          [Environmental Health](#)

[Special Needs](#)          [Community Health Assessment \(CHA\)](#)          [Opiate Program](#)          Medical Examiner ([Apply Here](#))

Other - Please include program name(s) ([Complete list of programs](#))

**Clinical Rotations:**          [STD Clinic](#)          [TB Clinic](#)          [Family Planning Clinic](#)