



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

**Instructions:** Complete **all** sections below and send this application along with a cover **letter**, **resume** and **letter of recommendation** to [carlom@erie.gov](mailto:carlom@erie.gov). ECDOH internships, clinical rotations and volunteer positions are not paid. Acceptance or denial is based on staff needs and availability. Correspondence will be sent to you indicating acceptance or denial. For questions, please email [carlom@erie.gov](mailto:carlom@erie.gov).

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Today's Date: \_\_\_\_\_

Type of position you are applying for:

- Internship** (Select this if your College/University requires you to do this internship)
- Clinical Rotation** (Select this if you are a nursing or medical student & your College/University requires you to do this rotation)
- Volunteer** (Select this if you are not affiliated with a College/University or if your school does NOT require this internship/rotation)

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

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

College/University: \_\_\_\_\_

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:  Spring (Jan-May)  Summer (June-Aug)  Fall (Sept-Dec) Year: \_\_\_\_\_

Total number of hours you are requesting: \_\_\_\_\_

Days & hours you can work:  Mon hrs \_\_\_\_\_  Tues hrs \_\_\_\_\_  Wed hrs \_\_\_\_\_  Thurs hrs \_\_\_\_\_  
 Fri hrs \_\_\_\_\_  Sat hrs \_\_\_\_\_  Sun hrs \_\_\_\_\_

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

**Internships & Volunteers:**

- [Community Wellness](#)  [Environmental Health](#)
- [Epidemiology/Disease Control](#)  [Opiate Program](#)
- Medical Examiner ([Apply Here](#))
- Other ([Click here](#) for a complete list of programs & indicate program name): \_\_\_\_\_

**Clinical Rotations:**

- [STD Clinic](#)  [TB Clinic](#)  [Family Planning Clinic](#)
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**Student Advisor to complete this section:**

Advisor Name: \_\_\_\_\_ Advisor Title: \_\_\_\_\_

Advisor Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Will the College/University's liability insurance cover this student for this internship/clinical rotation?  Yes  No

Advisor Signature: \_\_\_\_\_