

Intern & Volunteer Application

Please submit this application, your resume, and cover letter describing your experience and interest in the position you are applying for to SCCPHD Administration, Attn: Internship Coordinator | 976 Lenzen Avenue | San Jose, CA 95126 or phinternships@phd.sccgov.org. Your resume should include your contact information (name, phone, email), education and work/volunteer history, and any other hobbies or special skills you would like to highlight. If accepted, you may also be asked to complete a County application, health screening, and/or background check and provide unofficial transcripts as well as proof of current enrollment.

Position I am applying for:	Date:
Full Name:	
	Time Available:
	Fall/Winter
Phone Number:	☐ Spring
Email Address:	Summer
	No Preference
High School/College/University currently attending:	
	Earliest date I am available to begin the internship:
Languages Spoken:	
	To the one of the own
I am interested in (select all that apply)	Is there a number of hour requirement from your school?
Volunteering	Yes No No N/A
Unpaid Internship	res _ No _ N/A _
Paid Internship	If yes, specify hrs.
Level of Education:	I am available:
High School Student	Part Time
Undergraduate student	Full Time
Graduate student	Other (provide alternate
Post-graduate student	schedule):
Vocational specialty	
Field of Study:	How did you hear about this internship/volunteer
Topic Area Interested in:	announcement? (Select best answer)
Administrative Services	Internship Coordinator at my school
Community Health Assessment, Planning	Faculty member in my college/university
& Evaluation (Epidemiology)	Santa Clara County Public Health Department staff
Chronic Disease & Injury Prevention	Santa Clara County Public Health Department
Maternal, Child & Family Health	website
Health Communications	SCCPHD Social Media site, please specify source:
Infectious Disease & Response (Preparedness,	
Public Health Lab)	HS/College/University Career Center
Performance Management/Quality Improvement	I work for SCCPHD
Workforce Development & training	Other, please specify:
Health Equity	N/A
	: 7: :

For Volunteers or Unpaid Interns Only

Please review the following and if you agree with the content, please sign below:

If I am placed as a volunteer or unpaid intern, I understand that I will not be paid any compensation whatsoever, including a minimum wage, overtime, sick or vacation leave, or any other benefit given to County employees. I understand I am not considered an employee of the Public Health Department. I offer my services freely and without pressure or coercion from the County in order to provide civic, charitable and/or humanitarian purposes. I understand that this assignment may end at any time.

I agree to:

- Donate my services without receiving any monetary or in-kind compensation.
- Perform my volunteer duties to the best of my ability.
- Adhere to Public Health Department, and other County rules, policies, and procedures including, but not limited to, confidentiality of the information I may have access to, the County's Policy Against Discrimination, Harassment and Retaliation, and the Policy Against Sexual Harassment.
- Meet time and duty commitments, or provide adequate notice of my unavailability, so that alternate arrangements can be made.

I understand that an annual Health Clearance is required. As a volunteer/unpaid intern, I understand that if I am injured or ill during or as a result of performing these volunteer services, I am not eligible for Worker's Compensation Insurance, but may be eligible for excess medical coverage.

Signature:	Date:
For Department Use Only	
Application Accepted	Application Denied
Assigned to Program/Region:	Location:
Will be Supervised by:	Start Date:
Manager Signature:	Date:
Executive Manager Signature:	Date: