Bangor Public Health and Community Services
103 Texas Avenue, Bangor Maine 04401
Request for Internship Form

Please complete the form below and submit, along with your **resume, letter of interest and three references (Name, Connection, Telephone, Email)**, to: patty.hamilton@bangormaine.gov or mail to address above.

**Name:**

**Email and Phone:**

Is this internship a requirement for school? _____Yes _____ No

If yes, please list school, address and degree program:

If no, please describe why you are requesting an internship:

Internship requirements, e.g., preceptor on site; licensure/degree level of supervisor:

**Time frame for internship (please check one):**
- □ Fall & Spring (September – April) – Preference given to applications received by July 1
- □ Summer – Preference given to applications received by April 1
- □ Fall only – Preference given to applications received by July 1
- □ Spring only - Preference given to applications received by November 1
- □ Other- please describe:

**Total number of hours required: __________**

**Date range during which hours must be completed:**

Days of the week and times available during this date range (please fill in the hours you would be available for each day in the table below):

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<th>Mondays</th>
<th>Tuesdays</th>
<th>Wednesdays</th>
<th>Thursdays</th>
<th>Fridays</th>
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I am interested in a volunteer internship* (circle one)  YES  NO

*Please note that we do not typically provide stipends as we rarely have adequate funding to do so.

Please check public health topic areas of interest for internship.

Non-clinical:
_____ Opioid Overdose Prevention
_____ Substance Use Disorder Recovery
_____ Tobacco Prevention
_____ Lead Poisoning Prevention
_____ Physical Activity
_____ Public Health System Accreditation – experience preferred
_____ Other (describe):

Clinical Positions in public health nursing, nutrition/WIC and our immunization clinic are coordinated through higher education staff. Please contact your college or university program or internship coordinator directly.

Optional:
Type of project required for internship:
Please indicate one or two specific project ideas you would like to work on:
1.

2.

Please submit this completed form, along with a letter of interest, resume and three references to Patty Hamilton at patty.hamilton@bangormaine.gov or mail to Bangor Public Health, 103 Texas Ave. Bangor Maine 04428