



INTERN, VOLUNTEER, OR CLINICAL ROTATION APPLICATION

Thank you for your interest in an intern position, volunteer position or clinical rotation with the Orange County Health Department. Volunteers must complete Sections 1, 3, 4, and 5 of this application. Interns must complete Sections 1, 2, 3 and 5 of this application.

SECTION 1: CONTACT INFORMATION

Name _____ Age (18 & Above) _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Work Telephone _____ Home Telephone _____ Cell Phone _____

Email: _____

Emergency Contact _____ Telephone Number _____

SECTION 2: COLLEGE / NURSING / INTERN EDUCATION:

College / University _____

Address _____

Is there a contract in place with your school and the Orange County Health Department? _____

Intern Coordinator _____ Phone _____ Number _____ E-mail _____ Address _____

Major _____ Specialty _____

Semester Hours Completed Toward Degree _____ Type of Degree _____

Start Date _____ End Date _____ # Hours for Internship _____

SECTION 3: AREA OF INTEREST

Please review the brief description below and indicate your top 3 choices; by placing the 1, 2, or 3 in the space provided. This will assist us in helping you achieve your internship goals.

Medical (M) - Medical students, medical residents, medical fellows

Nursing (N) – LPN, RN, BSN, MSN, or ARNP / CNM students

Clinical (C) – Social work, public health students

Other (O) – Non-clinical students, volunteers

- | | |
|--|--|
| <input type="checkbox"/> Administration (Clerical) (O) | <input type="checkbox"/> Community Health / |
| <input type="checkbox"/> Epidemiology (EPI) (M) | Academic Research (C) (O) |
| <input type="checkbox"/> Dental (M) | <input type="checkbox"/> Environmental Health (EVH) (O) |
| <input type="checkbox"/> Health Information Management (HIM) (O) | <input type="checkbox"/> Healthy Start / Mom Care (N), (C) |
| <input type="checkbox"/> Immunology (HIV/AIDS Services) (M), (N) | <input type="checkbox"/> Information Technology (IT) (O) |
| <input type="checkbox"/> School Health (N) | <input type="checkbox"/> Tuberculosis / Refugee Health (TB) (M), (N) |
| <input type="checkbox"/> Women’s Health (WHS) (M), (N) | <input type="checkbox"/> Women’s Infants & Children (WIC) (O) |
| <input type="checkbox"/> Public Health Administration (O) | <input type="checkbox"/> Strategic Planning / |
| <input type="checkbox"/> Emergency Operations (O) | <input type="checkbox"/> Performance Improvement (O) |
| <input type="checkbox"/> STD (O) (N) | |
| <input type="checkbox"/> Human Resources (O) | |

SECTION 4: VOLUNTEER INFORMATION

 List any professional license, registration, or certificate you currently possess (include certificate/license number):

List any special skills: _____

List any special accommodations: _____

List two personal references, not related to you, whom you have known for more than one year:

_____ NAME		_____ NAME		
_____ ADDRESS		_____ ADDRESS		
_____ CITY/STATE	_____ ZIP	_____ CITY/STAT	_____ E	_____ ZIP
_____ PHONE		_____ PHONE		

List your most recent volunteer or employment experience:

EMPLOYER	COMPLETE	MAILING ADDRESS	TELEPHONE
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JOB TITLE	DATES OF VOLUNTEER/EMPLOYMENT
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Specify the days and time frames you are available to volunteer:

Day of Week	Hours	Day of Week	Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

Are you willing to participate in outreach events that occur on weekends or evenings? If so, indicate hours in chart above.

SECTION 5: BACKGROUND INFORMATION

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?

Yes _____ No _____ if yes, please explain (including types of offenses and dates):

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

_____/_____/_____
Signature **Date**

Your typed name in the signature block will be accepted as your signature.

