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**Public Health**

**Internship Requirements**

Thank you for your interest in Marion County Health and Human Services, Public Health Division. We are excited to share the great work we do in the community with you. To learn more about us, you can view a short course about our programs online: <https://rise.articulate.com/share/gfIi26r_qMqW0p_RTt41dPG9y3RQAKZG>

**APPLICATION REQUIREMENTS:**

* In order to be considered for most of our public health internships, you must be within driving distance of Marion County Health and Human Services in Salem, OR. For any paid intern opportunities, a student must reside in Oregon.
* Proof of vaccinations may be required if you are in person or in our clinics, including: Hepatitis B, MMR, seasonal flu vaccine, TDAP and a Mantoux TB test. Cost of vaccines will be the responsibility of the student after the selection process has been completed.
* Some intern positions fall under the Oregon Health Authority's (OHA) COVID-19 vaccine requirement for Healthcare Providers and Healthcare Staff in Healthcare Settings. If you are selected for one of those positions you will be required to show proof of vaccination, submit a medical exception form or submit a religious exception form.

# HOW THE PROCESS WORKS:

1. Please complete the Marion County Public Health Student Request Form on the following page.
2. Email the completed form to Victoria Pate at [vpate@co.marion.or.us](mailto:vpate@co.marion.or.us). Please also attach your resume or curriculum vitae (CV), if available.
3. Internship acceptance is based on availability.
   * If accepted, you will be put in touch with the program supervisor that will oversee your internship.
   * If we do not have capacity for the term or program area, we will let you know.
4. If selected for an internship, you will need to authorize a Criminal History Check and possibly a DMV screening if you are driving as part of your internship duties.
5. You will need to complete the County’s New Volunteer Orientation (online) or New Employee Orientation within 15 days of your start date. Portions of the Marion County Health and Human Services orientation may be required in person on a specific day. You will be notified in advance about attendance.

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**Public Health**

**Internship Request Form**

|  |  |
| --- | --- |
| **Student and Course Information (One form per student)** | |
| Student Full Name: | Pronouns: |
| Email: | Student Phone Number: |
| Student's location (city and state): | School, City & State: |
| Major(s): | Year in School: |
| Concentration(s): | If receiving college credit for your internship, provide course number and name: |
| Internship Advisor Name & Email: | What term will your internship be? *Eg: Fall 2022* |
| Number of weeks for your internship: | Total Number of Hours Requested Per Week or Per Term (indicate which): |
| Requested/Expected Start Date: | Expected End Date: |
| Do you speak or communicate in languages other than English? If so, please indicate which ones. | Do you have an RN or other license (if so, please specify)? |
| Is your internship considered clinical experience? | If so, indicate # hours with a patient or experience in a clinical setting needed: |

|  |  |
| --- | --- |
| **Select your areas of interest at Marion County Public Health**  *Note that not all areas have openings for intern placement.* | |
| Alcohol & Drug Prevention  Chronic Disease Prevention  Climate Resiliency  Communicable Disease Control/Prevention  Communications  Data Analytics/Informatics/Evaluation/Epi  Early Childhood Nursing (ECN)  Emergency Preparedness  Environmental Health (EH) | Equity, Diversity & Inclusion (EDI)  Mental Health Promotion & Suicide Prevention  Problem Gambling Prevention  Public Health Administration  STI/HIV Prevention  Tobacco Prevention (TPEP)  Workforce Development  Women, Infants and Children Program (WIC) |
| What skills and abilities would you hope to build or use in your internship with us?  *Examples: program planning, program evaluation, data analysis, data visualization, community partnership, communications, educational materials* | |
| Why are you interested in Marion County Public Health? | |
| What are your career goals and professional interests? | |
| If you have other areas of interest not listed above, please describe here. | |