

# Sarasota County Health & Human Services Intern Interest / Inquiry Form

Date: \_\_\_\_\_

## 1. Student Contact Information

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

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

Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_

### Internal Use Only

Form Received date: \_\_\_\_|\_\_\_\_|\_\_\_\_

Name of recipient: \_\_\_\_\_

Date logged into database: \_\_\_\_|\_\_\_\_|\_\_\_\_

Referred to Preceptor: \_\_\_\_\_

Date: \_\_\_\_|\_\_\_\_|\_\_\_\_

Division: \_\_\_\_\_

Follow-up Result: \_\_\_\_\_

Date: \_\_\_\_|\_\_\_\_|\_\_\_\_

## 2. Interest areas at DOH-Sarasota: (indicate top 3 from 1-3. 1 represents first choice.)

Adult Clinical Health

Behavioral Health

Community-Based Research/CHIP

Disaster Planning/Preparedness

Environmental Health

Epidemiology/Communicable Disease Control

Health Promotion

Pediatrics

Healthy Start

Women's Health

## 3. Name of school in Florida College System or State University System of Florida:

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

Address: \_\_\_\_\_

Period Requesting Internship: From: \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Numbers of hours needed to complete: \_\_\_\_\_

## 4. Interests / Area of Study

Major: \_\_\_\_\_

Specialty area: \_\_\_\_\_

## 5. Degree Sought:

BA/BS

RN

MPA

MD

BSN

MBA

ARNP

DNP

AA

MPH

PhD

Other \_\_\_\_\_

6. # of semesters completed toward degree: \_\_\_\_\_

7. Intern Coordinator/Professor Name: \_\_\_\_\_ Email: \_\_\_\_\_

9. Where did you hear about an intern opportunity at the DOH-Sarasota?

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10. In two or three sentences, explain why you are seeking an internship opportunity with the DOH-Sarasota.

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11. What are the parameters of your internship requirements?

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12. List knowledge, skills or abilities which you believe may be relevant as a DOH-Sarasota intern. (e.g. languages spoken; knowledge of specific software applications; laboratory techniques; certifications; etc.)

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*Please send a copy of this form and a current CV or resume to the attention of **Intern Coordinator**.  
Materials may be received by US mail, email, or fax.*

**Mailing Address:** Florida Department of Health in Sarasota County  
Human Resources  
PO Box 2658  
Sarasota, FL 34230  
**Fax:** 941.861.2719  
**Email:** [internships@sarasotahealth.org](mailto:internships@sarasotahealth.org)