



Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Lori Brewster, MS, APRN/BC, LCADC • Health Officer

STUDENT INTERN/MENTOR APPLICATION FORM

Applicant's Name: _____

Home Address: _____

City, State, Zip: _____

Phone Number: _____ Date of Birth: _____

Social Security Number: _____ Gender: _____

Race: _____

School Attending: _____ Major: _____

Semester Requested: _____ Dates: _____

Days Preferred: _____ Hours: _____

Emergency Contact: _____ Phone: _____

Work Experience: _____

Volunteer Experience: _____

Community Affiliations: _____

List Three References _____

Do you have any medical issues or physical limitations that we should be aware of? _____

Have you ever been convicted of any violation of law other than a minor traffic violation? _____

Are you fluent in a language other than English? If yes, please list. _____

Signature

Date



Public Health
Prevent. Promote. Protect.
Wicomico County
Health Department

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Thank you for your interest in volunteering or interning with Prevention and Health Communications. On a separate piece of paper, please complete a 250 word essay answering the following questions:

1. What does Public Health mean to you?
2. Why are you interested in interning with the Prevention and Health Communications Program?

Submit your completed Student Intern/Mentor Application Form, essay responses and a current resume to the Prevention and Health Communications office at 108 East Main Street, Salisbury, Maryland 21801.