



Springfield-Greene County  
Health Department  
*Helping people live longer, happier, healthier lives*

### Internship Application

*This form may be returned via mail, fax or e-mail*

*Submit to the Springfield-Greene County Health Department – Health Education Office  
227 E. Chestnut Expressway, Springfield, MO 65803 (417) 864-1099 (fax) [rray@springfieldmo.gov](mailto:rray@springfieldmo.gov) (e-mail)*

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Primary Telephone Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Secondary Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Academic Institution

\_\_\_\_\_  
Degree program

Are you applying for this internship with the intention of receiving educational credit?  
\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, please answer the following:*

Faculty Advisor:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

Internship Contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Area(s) of Interest for Internship Project

Term and year you are applying for: Spring \_\_\_\_\_  
Year

Summer \_\_\_\_\_  
Year

Fall \_\_\_\_\_  
Year

\_\_\_\_\_  
Undergraduate or Graduate Degree

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date