CRPHI INTERNSHIP APPLICATION

Collaborative for Rural Public Health Innovation (CRPHI)
115 West First Street, Fairmont MN 56031
Phone: 507-238-4757 Fax: 507-238-1574
www.fmchs.com

HSB-1533 (2-2025)

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Other names used for employment purposes: _____

CONTACT INFORMATION

Present Mailing Address: _____

_____

Permanent Mailing Address (if different) _____

_____

( ) ( ) ( )
Home Phone: Work Phone: Cell Phone:

Email Address: _____

County of Legal Residence: _____

SCHOOL INFORMATION

Name of School: _____

Current Year/Grade Level: _____

Major: _____ Minor: _____

Expected Graduation Date: _____

Degree to be Attained: _____

INTERNSHIP INFORMATION

What is the expected time frame for your internship?

☐ Summer 25 ☐ Fall 25 ☐ Spring 26 ☐ Summer 26 ☐ Fall 26

How many hours do you need for the internship? _____

What days are you available for the internship?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Hours available:

Monday	Tuesday	Wednesday	Thursday	Friday

What type of schedule are you willing to work?

☐ In Person ☐ Remote ☐ Hybrid

Total hours planned to work each week _____

Are there any anticipated dates where the weekly hours minimum may not be met? _____

Do you have reliable transportation to attend in-person meetings in Mankato or for potential travel related to the internship? ☐ Yes ☐ No

(Please note, not having transportation will not be a barrier to being considered for this internship.)

Is this internship for credit? ☐ Yes ☐ No

Contact information for your internship coordinator/advisor:

Name: _____

Position: _____

Address: _____

City/State/Zip: _____

Phone: ( ) _____

Email: _____

EXPERIENCE/SKILLS/GOALS

Describe any coursework and/or experience (paid or volunteer) that would be relevant to this internship.

Are you fluent in a language other than English? ☐ No ☐ Yes

If yes, which language(s)? _____

What makes you a great candidate? What special skills/abilities/interests would assist you in your internship? (List software in which you have skills – be specific)

What are your career goals and how will an internship with CRPHI help you achieve them?

What types of skills or experiences would you like to achieve from your internship?

CRPHI focuses on the eight Foundational Public Health Responsibilities for Local Public Health Departments. These *are Assessment & Surveillance*, *Community Partnership Development*, *Equity*, *Organizational Competencies*, *Policy Development & Support*, *Accountability & Performance Management*, *Emergency Preparedness & Response*, and *Communication*s. Please write down the responsibility area(s) you are most interested in working on and why.

Please describe what you know about rural public health programs/services.

EMERGENCY CONTACT

The emergency contact person is a family member or friend who we can contact in case there is an emergency when you are interning with us.

Name: _____

Relationship to you: _____

Phone number(s): _____

REFERENCES

References may be requested or you may attach them if you wish.

Signature of Applicant: _____

Date of Application: _____

CRPHI is a collaborative of 25 counties across South Central and Southwest Minnesota working together to address Public Health Foundational Public Health Responsibilities.

This application and all information collected or disseminated on this individual regarding any internship will be maintained by Human Services of Faribault & Martin Counties for up to seven years.

Human Services of Faribault & Martin Counties
is an Affirmative Action/Equal Opportunity Employer