



Society for Public Health Education

Internship Application

Society for Public Health Education
1680 Duke Street, Suite 550
Alexandria, VA 22314
Phone: 202.408.9804
www.sophe.org



SOPHE INTERNSHIP APPLICATION FORM

PERSONAL INFORMATION	
Full Name:	
U.S. Citizenship: Yes No ___	Date of Birth: // ___
Current Address:	Permanent Address:
Email:	Phone:

ACADEMIC INFORMATION	
School Name:	
School Address:	
School Type (Select One):	
Undergraduate	Graduate/Law
Year of Graduation:	GPA:
Major:	Minor:
National SOPHE Member: Yes No	SOPHE Chapter Member: Yes No

INTERNSHIP INFORMATION		
Please check the session for which you are applying:		
Summer Session ___	Fall Session ___	Spring Session ___
Internship for academic credit: Yes No	If yes, total hours required:	
Please indicate your start date:	Please indicate your end date:	
Please list which days and times you are available (if tentative, please state that):		
	Times Available	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

APPLICANT QUESTIONS	
Please describe and or list any skills, traits or abilities you will bring to this position:	
Please describe and or list any trainings or certifications you have received that are related to this position:	

REFERENCE CONTACT INFORMATION	
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Reference #1 Contact Information	
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Full Name:	
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Company:	Relationship:
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Email:	Phone:
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Reference #2 Contact Information	
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Full Name:	
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Company:	Relationship:
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Email:	Phone:
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MEDIA RELEASE	
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I, the undersigned, do hereby consent and agree that the Society for Public Health Education, its employees, or agents have the right to take photographs or digital recordings of me during the Program and to use these in any and all media, now or hereafter known, and exclusively for SOPHE promotional and informational purposes. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken for use in materials that include, but may not be limited to, materials such as brochures and newsletters, videos, and digital images such as those on the SOPHE website. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

Signature / Date

Guardian Signature / Date (If applicant is under 18)
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CERTIFICATION	
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My statements on this form and any attachments, are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that knowingly false answers will lead to the rejection of my application or immediate dismissal from the program.

Signature / Date

Guardian Signature / Date (If applicant is under 18)
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Please email your complete application by the deadline to:

Internship Program

Society for Public Health Education

intern@sophe.org

202.408.9804 (phone)