**Mosakowski Institute for Public Enterprise**

**2017 Summer Internship Program**

Health in Worcester

Program Application

The full application consists of this form, a resume or curriculum vitae of no more than 2 pages, and an electronic or scanned copy of the student’s current transcript.  
  
Please email all materials in a **single pdf** to [LCoakley@clarku.edu](mailto:LCoakley@clarku.edu) by Friday, February 24th, 4:30pm.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name:  Address:  Cell Phone:  E-mail:  Internship Hours Per Week:  Please list any dates/times you will not be available (such as vacations, holidays, classes): | | | | | *Please Circle or Underline Your Answer*  My schedule is flexible: Yes No  I am available in the evening: Yes No  I am available on the weekends: Yes No  I am willing to work community Yes No  events (health fairs etc.)  I am at my best in the: Morning Evening  I have a laptop: Yes No  I have a driver’s license: Yes No  I have a car: Yes No  I can work from school/home: Yes No | | | | | |
| Office Skills | | | | | | | | | | |
| *Skills for completing reports, presentations, letters, calls, and other office communications.* | | | | | | | | | | |
| **General Skills** | | *Evaluate your skill level to identify areas you can work on.* | | | | | | | | |
|  | | Exceptional | | | Highly Skilled | | Adequate | | Marginal | |
| File Management & Organization | |  | | |  | |  | |  | |
| Literature Reviews | |  | | |  | |  | |  | |
| Microsoft Windows | |  | | |  | |  | |  | |
| Customer Service | |  | | |  | |  | |  | |
| Communications/Marketing | |  | | |  | |  | |  | |
| **Applications** | | *List specific software applications that you know how to use:* | | | | | | | | |
| Data Analysis | |  | | | | | | | | |
| Graphic Design | |  | | | | | | | | |
| Presentations | |  | | | | | | | | |
| Research | |  | | | | | | | | |
| Spreadsheets | |  | | | | | | | | |
| Word Processing | |  | | | | | | | | |
| Other | |  | | | | | | | | |
| Other Skills | | | | | | | | | |
| *Rate your skill level in working with people on the job.* | | Exceptional | Exceeds Requirements | | Meets Requirements | | Marginal | | Needs Work |
| **Active listening** — Giving full attention to others without interrupting. | |  |  | |  | |  | |  |
| **Service orientation** — Actively looking for ways to help others. | |  |  | |  | |  | |  |
| **Delegating** — Matching tasks to people with the appropriate skills and interest to do them. | |  |  | |  | |  | |  |
| **Coordination** — Adjusting actions in relation to the actions of others as necessary. | |  |  | |  | |  | |  |
| **Instructing** — Teaching others to do something, making sure that they comprehend. | |  |  | |  | |  | |  |
| **Speaking** — Talking to others to convey information effectively. | |  |  | |  | |  | |  |
| **Writing** — Communicating effectively in writing as appropriate for the intended recipients. | |  |  | |  | |  | |  |
| **Monitoring** — Assessing performance and stepping in to make improvements. | |  |  | |  | |  | |  |
| **Email etiquette** — Taking time to write clearly and respond appropriately. | |  |  | |  | |  | |  |
| Public Health Experience | | | | | | | | | |
| *Please indicate the topics of most interest to you, check all that apply.* | | Most  Interesting | *Please describe any previous experience you have had that has enhanced your skills and how you have used it to your benefit in other endeavors; you may include work, volunteer, academic or committee experiences in your description.* | | | | | | |
| Experience working with special populations such as youth, seniors, refugees | |  |
| Relevant Coursework | |  |
| Experience working with community-based health organizations | |  |
| Research and Policy Development | |  |
| Academic Information | | | | | | | | | | |
| *Please describe your program of study and any requirements of the program if you are requesting an experience to fulfill an academic internship/practicum requirement. If not required by your school please indicate N/A.* | | | | | | | | | | |
| **College/University** | |  | | | | | | | | |
| **Major/Minor** | |  | | | | | | | | |
| **Program Requirements of Internship or Practicum**  (such as number of hours, reports, posters, evaluation) | |  | | | | | | | | |
| **Advisor** | |  | | | | | | | | |
| **Does your school require a practicum agreement form?** | | **Does the school require additional information?** | | | | | **Have all forms been completed and submitted?** | | | |
| Experience and Expectations | | | | | | | | | | |
| *Please describe what you hope to gain while working for the Department of Health and Human Services or the Division of Public Health, and any future plans to continue working in the field. If you wish to gain experience with program areas other than the one to which you are applying please indicate your interest. The staff will attempt to accommodate all such requests but cannot guarantee to do so.* | | | | | | | | | | |
| *Please list all languages that you speak:* | | | | |  | | | | | |
| *Please rank your preferred internship project(s):* | | | | |  | | | | | |