



**Bangor Public Health and Community Services**  
 103 Texas Avenue, Bangor Maine 04401  
**Request for Internship Form**

Please complete the form below and submit, along with your **resume, letter of interest and three references (Name, Connection, Telephone, Email)**, to: [patty.hamilton@bangormaine.gov](mailto:patty.hamilton@bangormaine.gov) or mail to address above.

Name:

Email and Phone:

Is this internship a requirement for school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list school, address and degree program:

If no, please describe why you are requesting an internship:

Internship requirements, e.g., preceptor on site; licensure/degree level of supervisor:

Time frame for internship (please check one):

- Fall & Spring (September – April) – Preference given to applications received by July 1
- Summer – Preference given to applications received by April 1
- Fall only – Preference given to applications received by July 1
- Spring only - Preference given to applications received by November 1
- Other- *please describe:*

Total number of hours required: \_\_\_\_\_

Date range during which hours must be completed:

Days of the week and times available during this date range (please fill in the hours you would be available for each day in the table below):

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturday/Sunday



I am interested in a *volunteer* internship\* (circle one)      YES                  NO

*\*Please note that we do not typically provide stipends as we rarely have adequate funding to do so.*

Please check public health topic areas of interest for internship.

**Non-clinical:**

- Opioid Overdose Prevention
- Substance Use Disorder Recovery
- Tobacco Prevention
- Lead Poisoning Prevention
- Physical Activity
- Public Health System Accreditation – *experience preferred*
- Other (describe):

***Clinical Positions*** in public health nursing, nutrition/WIC and our immunization clinic are coordinated through higher education staff. Please contact your college or university program or internship coordinator directly.

***Optional:***

Type of project required for internship:

Please indicate one or two specific project ideas you would like to work on:

- 1.
- 2.

**Please submit this completed form, along with a letter of interest, resume and three references to** Patty Hamilton at [patty.hamilton@bangormaine.gov](mailto:patty.hamilton@bangormaine.gov) or mail to Bangor Public Health, 103 Texas Ave. Bangor Maine 04428