

# Center for Health Equity

**interNship application**

## Contact Information

**Full Name:** First, middle, last.

**Present Address:** number, street, city, state, zip, and county.

**Permanent Address:** number, street, city, state, zip, and county.

**Email:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

## Educational Information

**Educational institution you currently attend:** Click or tap here to enter text.

**Major field of study:** Click or tap here to enter text.

**Minor field of study (if applicable):** Click or tap here to enter text.

**Degree to be obtained:** BA, BS, MA, MPH, etc.

**Academic year:** Click or tap here to enter text.

**Cumulative GPA:** Click or tap here to enter text.

**Are you taking this internship for academic credit?** Yes or No. \*Internship must be for academic credit or field experience.

**What academic term are you seeking an internship?** List all that apply: Fall, Spring or Summer.

## Personal Information

**Why are you interested in an internship with the Center for Health Equity?**

Please limit your answer to 100 words or less.

**What does health equity mean to you?**

Please limit your answer to 100 words or less.

**What specific experience would you like to gain through this internship?**

Please limit your answer to 100 words or less.

**What skills, perspectives or experience are you bringing to this internship?**

Please limit your answer to 100 words or less.

**What extracurricular or leadership activities have you participated in your community or school?**

Please limit your answer to 100 words or less.

**Describe how you are tied or connected to communities experiencing inequities?**

Please limit your answer to 100 words or less. Communities experiencing inequities includes populations of color, American Indians, LGBQT, rural/geographic areas and Minnesotans with disabilities.

**Describe your long-term career goals:**

Please limit your answer to 100 words or less.

**Please list your general availability:** Please list the days and the times you are available.

**How many hours per week are you available to work?** Minimum 10 hours per week.

## Optional Information

The following is ***optional and voluntary***.

**Race/ethnicity:** please describe how you identify in terms of race/ethnicity

**Gender identity:** Click or tap here to enter text.

**Sexual orientation:** Click or tap here to enter text.

**Pronouns:** Click or tap here to enter text.

**Disability Status:** Yes or No; also, type of disability (optional).

**Languages:** Please specify the language(s) and fluency level(s).

| **Signature:** Electronic signature accepted. Sign with your full name. | Date: 00/00/0000 |
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**Please submit your complete application and resume to:** health.equity@state.mn.us

**Minnesota Department of Health**

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