

Internship Application

District 4 Public Health – LaGrange
301 Main St.
LaGrange, GA 30240



*(Butts, Carroll, Coweta, Fayette, Heard, Henry,
Lamar, Meriwether, Pike, Spalding, Troup,
Upson)*

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	
College/University	

Availability

During which semester are you wishing to begin your internship? Please include desired start and end date. And also indicate the number of hours needed.

_____ Semester _____ Timeframe Desired

Hours
Needed _____

Interests

Which areas of Public Health are you interested in for your internship?

- Environmental Health
- Nursing
- Emergency Preparedness
- Epidemiology
- WIC
- Other _____

Email completed form to Roxanne.Barnes@dph.ga.gov or mail to:

District 4 Public Health
Attn: Roxanne Barnes
301 Main St.
LaGrange, GA 30240