



# Institute for Family Health

## Application for Interns and Volunteers

v2.5 11/3/15

2006 Madison Ave  
New York, NY 10003  
[www.institute.org](http://www.institute.org)

Dear Intern or Volunteer Applicant:

### **Thank you for your interest in applying for a placement at the Institute for Family Health!**

The Institute for Family Health is committed to fostering the development of future health professionals by creating engaging opportunities for individuals interested in pursuing healthcare careers. Those placed at the Institute have the chance to get an in-depth look at how community health centers function and to learn about future healthcare careers. Applicants may be placed in various departments, including in health centers, community outreach, or program development, depending on their experience and interests.

Please find our *Application for Interns and Volunteers* attached. In order to be considered for a placement, you will need to complete and submit both pages along with a copy of your current résumé or curriculum vitae to the Placements Coordinator. Once these completed documents are received, the Institute will determine if there is an appropriate placement available for you. In the meantime, we encourage students to apply to other organizations as well, since placements at the Institute are in greater demand than there are available positions.

Students seeking school credit must have a placement agreement on file between the Institute and the school before the student can begin. When a student applies, the Placements Coordinator will check to see if an agreement is already in place. If not, the Coordinator will work with the student's advisor or program to secure one. An example of the Institute's placement agreement can be found in the *Student Placements* section of the Institute's website: [www.institute.org](http://www.institute.org). *Note: This process can take several months as your school's attorneys may need to process the contract.*

**Securing a placement (if one is available) can take up to four weeks, and collecting all the necessary paperwork can take another two; please plan accordingly, allowing plenty of time before your intended start date.** Once a placement is located, the intern or volunteer will be sent an onboarding packet. This includes a tracking form for the New York State Area Health Education Center (AHEC), an initial health assessment form, and a statement declaring the Institute's Human Resources policies (which will also be included) have been read and understood.

If you have any questions, you may contact the Student Placements Coordinator at the email address listed below. Please keep this letter for your reference.

Healthy Regards,

**Katrina Organ**  
**Program Coordinator**  
**Student & Volunteer Placements and The Community Health Practicum**  
**Institute for Family Health**  
**2006 Madison Avenue**  
**New York, NY 10035**

**Please submit all application materials or questions to the Student Placements Coordinator:**  
[placements@institute.org](mailto:placements@institute.org)



# Institute for Family Health

## Application for Interns and Volunteers

v2.5 11/3/15

Please complete this entire application and include a copy of your résumé or C.V. in order to be considered for placement.

I am applying as a(n):  Intern for School Program Requirement  Volunteer or Short-term Shadow

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Languages Spoken (Please indicate level of proficiency): \_\_\_\_\_

### School & Program Information

Current/Highest Level of Education:  High School  Undergraduate  Graduate  Doctoral  Other: \_\_\_\_\_

School: \_\_\_\_\_ Program/Field: \_\_\_\_\_

Year in Program/School:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Graduated: \_\_\_\_\_ Date: \_\_\_\_\_  Other: \_\_\_\_\_

Advisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Requirements & Availability

What is your purpose in seeking this placement?  General Experience  Prerequisite  Course Credit/Clinicals  Other: \_\_\_\_\_

What type of preceptor/supervisor are you seeking?  Nurse  Nurse Practitioner  Physician  Other: \_\_\_\_\_

When would you like your placement to begin? \_\_\_\_\_ What is the ideal duration of your placement? \_\_\_\_\_  
Approximate Date/Range Number Wks / Mos Check One

What is your target number of days per week? \_\_\_\_\_ What is your target number of hours per day? \_\_\_\_\_

Please mark with an "X" the days and times you would be available (if known):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Where would you be willing to be placed?  Manhattan  the Bronx  Mid-Hudson Valley

Specific location preferences or limitations: \_\_\_\_\_

### Applicant's Statement & Signature

Are you related by birth, marriage, or cohabitation to any employee of the Institute?  No  Yes: \_\_\_\_\_  
Please explain

Have you been convicted of a felony within the last 7 years?  No  Yes (Please attach a detailed explanation to this application)  
 Note: Conviction will not necessarily disqualify an applicant from internship or student placement.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for an internship or student placement as may be necessary in arriving at a placement decision.

I authorize the Institute for Family Health to obtain information about me from my previous school(s) attended. I also authorize my previous school(s) attended to disclose to the Institute for Family Health such information as may be requested about me including but not limited to copies of evaluations and transcripts, and any information regarding disciplinary actions and notations regarding performance issues.

I understand that false or misleading information given in my application or interview may result in disqualification for internship or student placement. I understand that I am required to abide by rules and regulations of the Institute and all applicable laws and regulations.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

Please submit all application materials or questions to the Student Placements Coordinator:



# Applicant Interest Statements

## Application for Interns and Volunteers

v2.5 11/3/15

Name: \_\_\_\_\_

1. What area of public health or family practice are you most interested in? Please be as specific as possible. If there are particular programs that interest you at the Institute for Family Health, please list them.

2. What goal(s) do you want to accomplish during your internship or volunteer experience at the Institute for Family Health?

3. What experience or interest do you have in working with medically underserved populations?

Please submit all application materials or questions to the Student Placements Coordinator:

[placements@institute.org](mailto:placements@institute.org)