



# AppHealthCare

Appalachian District Health Department  
[www.apphealthcare.com](http://www.apphealthcare.com)

*Caring for our Community*



## Application for Internship/Practicum/Volunteer/Clinical Rotation/Institutional Partnership

Email the completed application, resume, cover letter and references to [internships@apphealth.com](mailto:internships@apphealth.com).

Check which type of opportunity you are applying for:

- ☐ Internship/Practicum
- ☐ Volunteering
- ☐ Clinical Rotation
- ☐ Institutional Partnership (Class Group Project; Clinic Partnership for Students)
- ☐ Other:

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

College: \_\_\_\_\_

Major: \_\_\_\_\_

Minor/Concentration: \_\_\_\_\_ Year in College: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Who are you interested in working with? \_\_\_\_\_

\_\_\_\_\_

What type of work do you hope to be doing with AppHealthCare? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in working with AppHealthCare? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your availability, needs and requirements during the placement, in detail. Please send any supporting

documentation to outline this information along with this application (i.e. an internship or practicum

requirements manual, clinical rotation requirements, etc.)

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