



County of Riverside  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

**INTERNAL DOCUMENT**

**INTERNSHIP APPLICATION**

- I. Name: \_\_\_\_\_
- II. Street address: \_\_\_\_\_
- III. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- IV. Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_
- V. Email address: \_\_\_\_\_
- VI. Please indicate your interests, skills, or any specialized training you have, which could be utilized as a volunteer.
- a. Interests:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. Skills:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- c. Training:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- VII. Will you be using this internship to fulfill requirements for a school course? \_\_\_\_\_  
If so, please itemize below the requirements for your program, such as the number of hours needed, projects required, etc.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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VIII. How many days per week are you looking to volunteer? \_\_\_\_\_  
How many hours per day are you looking to volunteer? \_\_\_\_\_

IX. Please specify the normal schedule which you are available to volunteer below:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Signature \_\_\_\_\_ Date: \_\_\_\_\_