



Wauwatosa Health Department Internship Interest Form

Please complete the form below and email to thealth@wauwatosa.net. Call 414-479-8936 with any questions.

Name: _____

Email: _____

Phone number: _____

Name of school: _____

When are you looking to complete your internship?

What type of internship are you looking for?

- Undergraduate
- Graduate (field experience, capstone, etc.)
- Nursing clinical
- Other:

List any specific interest areas you have:

List any school or program requirements (hours, competencies, etc.):

If you are completing a capstone project for school, do you have a project or topic in mind?

City of Wauwatosa Health Department
7725 W North Ave
Wauwatosa, WI 53213
414-479-8936
www.wauwatosa.net/health