Please submit 1) a cover letter 2) your resume, if you have one, and 3) this application (or a document with any of the information below that is not in your resume). Please see the instructions below.

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

Medical School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best times to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best email address to use for correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is that email address compatible with Google suite? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, what address do you use for editing Google documents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address during school year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address for paychecks during the summer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you consider your “home”? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates you can be available for summer internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION AND WORK EXPERIENCE (if you are submitting a resume with this information, you can skip this section)**

High school name and address, and years attended:

Any employment during high school?

College name and address, and years attended:

Any employment during college?

Any additional education, volunteer, or work experience? Please use additional pages as needed.

**SKILLS AND EXPERIENCES**

The information requested below, regarding your experience and your level of interest in the activity, is not used in selecting interns, but simply for having an idea of your experience in different areas, and for what programming we may wish to include this summer.

Please indicate your level of experience in the following, in one of the first three columns.

Do not feel compelled to put anything in the fourth column, if you do not have an interest in improving that skill. But in the fourth column, if you have an interest in workshops to increase your skill in an activity:

* Please place an “A” next to no more than five of the topics that are your highest priorities. (Very strong interest in improving your skills in that area now.)
* Please place a “B” next to no more than 5 additional topics that are of strong interest to you.
* Please place a “C” next to topics that are of moderate interest to you.
* Examples: You may consider only listing a couple of B’s and/or C’s, with no A’s, if that more accurately illustrates your priorities. Or you may wish to only indicate a few “A”’s, and nothing else, as that would push us more strongly to provide workshops in those areas.

| Experience | A lot | Some  | Very little or none | How interested are you in gaining more experience in this, this summer? |
| --- | --- | --- | --- | --- |
| Writing articles for newsletters or other media |  |  |  |  |
| Making “cold calls” on the telephone |  |  |  |  |
| Designing web pages |  |  |  |  |
| Recording and editing audio  |  |  |  |  |
| Recording and editing video  |  |  |  |  |
| Managing a Facebook Page (public) |  |  |  |  |
| Managing a Facebook Group (can be public or private) and creating events |  |  |  |  |
| Managing a Twitter account and building a following |  |  |  |  |
| Managing an Instagram account and building a following |  |  |  |  |
| Using social media for advocacy |  |  |  |  |
| Using Slack |  |  |  |  |
| Using Gather.town |  |  |  |  |
| Hosting Zoom meetings |  |  |  |  |
| Hosting webinars |  |  |  |  |
| Building agendas and moderating meetings |  |  |  |  |
| Mentoring leaders for succession planning |  |  |  |  |

For any of the following that is not in your cover letter or resume, please provide short answers, or type on a separate page if you prefer.

* How much do you know about single payer? (Brief descriptors—a lot, a little, attended a conference on it, etc.—are sufficient).
* Please share your thoughts on what you’d like to do after medical school, with respect to specialty and where you would like to live after residency.

**REFERENCES: These can be submitted separately. Please submit the above application as soon as possible, and send us the information for your references as soon as you can.**

1) Please provide a letter of reference from someone who can speak to your ability to take initiative and to work independently. It will be most helpful if the person writing the letter knows why you want to do this internship, if possible.

From whom should we expect such a letter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have they known you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity have they known you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Please provide two additional references that we can contact by phone or email. Of the three references, at least one should be an employer, if possible, and at least one should have known you for at least three years. If you have never been employed for pay, please provide a reference from someone who has supervised you while you were volunteering.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have they known you? \_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity have they known you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have they known you? \_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity have they known you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVER LETTER**

Please provide a cover letter explaining why you are interested in this internship and what you would like to accomplish with it.

There is a good chance you won’t have time during the five weeks to work on an extra project, so don’t fret over this. But if you have a dream of working on a particular project someday and would like to share your dream with us, please do.

**RESUME OR APPLICATION**

If you don’t have a resume, don’t worry about making one now. The application is sufficient. You can type information about additional schools, jobs, or volunteer experiences on a separate page.

If you do have a resume, that can replace the information at the bottom of the first page.

We do not care about formatting, etc., for your resume, so if you are on a different computer from when you first wrote your resume and can’t get the format to match when you are updating it now, DON’T WORRY. Just submit it without worrying about margins, matching headings, etc. Don't let things like that hold up your application.

**SUBMITTING YOUR APPLICATION**

Please attach your documents:

1. Cover letter,
2. Application, and
3. Resume if you have one, or additional page for employment, etc., if needed, to an email addressed to both of these physicians:

Ted Cody, tscody@vermontel.net (Vermont PNHP)

Betty Keller, bjkellermd@gmail.com (Vermont PNHP)

We know that former professors or employers may take a few days to get back to you about being a reference, or you may need to hunt for a new email address if they have changed employment, etc. Please go ahead and submit your application with that section blank, if needed, and submit that information later.

We look forward to hearing from you!

Betty Keller, M.D.

President, Vermont Physicians for a National Health Program

802-274-8180 (cell)