

# APHC Interest & Opportunity Form

Hello and thank you for your interest in serving with the Academic Public Health Corps (APHC)! The mission of the APHC is to support public health agencies and advance health equity in Massachusetts by engaging with public health students, alumni, and expert participants through interdisciplinary collaboration. Through this work, we hope to permanently strengthen the public health system within Massachusetts.

Please use this form to apply for an APHC Corps member position. WE ARE NOW ACCEPTING APPLICATIONS FOR SUMMER 2024 PLACEMENTS; THE APPLICATION DEADLINE IS FEBRUARY 18th, 2024.

This application will take approximately 30-45 minutes to complete. More info about the APHC and the internship program is available at <https://academicpublichealthcorps.org/join>. A full job description with more detail about the position requirements and activities is available at <https://bit.ly/aphc9>.

If you are selected for an interview, you will be notified by mid-March. Please note that you are not guaranteed the position you apply for, and there may be a waiting period in receiving a decision following submission of the application. Due to the number of applications, we may not reach out if you were not chosen to progress to the next step of the application.

If you have any questions, please reach out to [APHC.internal.ops@mhoa.com](mailto:APHC.internal.ops@mhoa.com). Thank you!

## GENERAL INFO

1. First Name
2. Last Name
3. Email address (Please use a Gmail address if possible)
4. Pronouns
5. Which Massachusetts city or town will you live in this summer? (Note: Residency in Massachusetts at the time of the internship is a requirement of the APHC.)
6. Please pick the institution with which you have the most recent affiliation (NOTE: Current enrollment in an institution of higher education in Massachusetts is a requirement of the APHC.)
  - a. Boston University
  - b. Bridgewater State University
  - c. Harvard T.H. Chan School of Public Health
  - d. Holyoke Community College
  - e. Massachusetts College of Pharmacy and Health Sciences University (MCPHS)
  - f. Northeastern University
  - g. Northern Essex Community College
  - h. Regis College
  - i. Simmons University
  - j. Tufts University
  - k. UMass Amherst
  - l. UMass Lowell
  - m. Other, please specify: \_\_\_\_\_
7. What degree are you currently pursuing?

- a. Associate Degree
  - b. Bachelor Degree
  - c. Graduate Degree
  - d. Other: \_\_\_\_\_
8. What is your expected graduation date?
  9. What is your concentration or area of study? \_\_\_\_\_
  10. How did you hear about the APHC? (For example, email from career services, Handshake, etc.) \_\_\_\_\_
  11. Have you applied to be an APHC Corps member in the past? (Note: The answer to this question does not impact your eligibility for the APHC).
    - a. Yes
    - b. No
  12. Have you been a paid Corps member previously?
    - a. Yes
    - b. No
  13. Can you provide proof of your eligibility to work in the United States?
    - a. Yes
    - b. No
  14. Are you currently enrolled in an undergraduate program, and have you completed at least one year of the accredited program?
    - a. Yes
    - b. No
  15. If you have answered no to Questions 13 and 14, please contact your University's Career Services or International Office, to classify this internship program appropriately based upon your authorization status while completing an Undergraduate Program.

## DEMOGRAPHIC INFO

The completion of this data is voluntary, and will not affect your opportunities with the APHC. The requested information will be used to help us determine whether our recruitment efforts are reaching a diverse pool of qualified applicants.

We want to capture a variety of forms of diversity and the breadth of diversity within the public health community. For use of data, we will aggregate data to be able to describe demographic groups as represented within a cohort.

Your information will be confidential to HR, is not tied to your application, and will not be shared with the hiring manager or used to make hiring decisions.

1. Date of Birth (MM/DD/YYYY)
2. What gender do you identify as?
  - a. Woman
  - b. Man
  - c. Another gender identity: \_\_\_\_\_
  - d. Prefer not to answer
3. What is your sexual orientation?
  - a. Straight or Heterosexual
  - b. Lesbian, Gay, or homosexual

- c. Bisexual / Pansexual
  - d. Queer
  - e. Asexual
  - f. Other:
  - g. Don't know
  - h. Prefer not to answer
4. Please select the race/ethnicity with which you primarily identify (Select all that apply):
- a. Native American / American Indian
  - b. Asian / Pacific Islander
  - c. Black / African American
  - d. Hispanic / Latinx
  - e. Middle Eastern / North African
  - f. White
  - g. Other, please specify
  - h. Prefer not to answer
5. Where did you grow up? (town or city, state, country)
6. What is your disability status? *For more information on how to define disability status, please look at the ADA National Network's page "What is the definition of disability under the ADA?"*  
<https://adata.org/faq/what-definition-disability-under-ada>
- a. I have a disability
  - b. I do not have a disability
  - c. Prefer not to Report
7. What is your veteran status?
- a. Active-Duty Military
  - b. Not a Veteran
  - c. Reservist
  - d. Veteran - Prior Service
  - e. Veteran - Retired
8. Check any of the options below that you wish to identify with:
- a. I am from a family that receives or received public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing), or I receive public assistance
  - b. I am from a family that lives or lived in an area that is designated as a Health Professional Shortage Area or a Medically Underserved Area
  - c. I am from a school district where 50% or less of graduates go to college or where a college education is not encouraged
  - d. I am the first generation in my family to attend college (my parents or guardians did not attend college)
  - e. I have a diagnosed physical or mental impairment that substantially limits my participation in educational experiences and opportunities offered by a college
  - f. English is not my primary language
  - g. None of the above
  - h. Other:

*Refusal to complete this form will not subject you to any adverse treatment.*

## **AVAILABILITY AND INTERESTS**

Note: Summer internships will start in mid-May and end in August.

1. Are you available to work at least 10 hours per week, at least part of which is during business hours (Monday-Friday, 9am-5pm)?
  - a. Yes
  - b. No
2. How many hours per week are you available?
  - a. 10 to 15 hours/week
  - b. 15 to 19 hours/week
- 3.
4. Which three of the following project areas interest you the most? Select your top three choices.
  - a. Health communications and promotion
  - b. Graphic design
  - c. Public health writing
  - d. Background research and planning
  - e. Data collection
  - f. Data analysis
  - g. Data visualization (maps, graphs, etc.)
  - h. Health equity support
  - i. Community outreach
  - j.
  - k. Administrative support
5. How would you rate your level of knowledge in using the following software/platforms?

PLEASE NOTE: It's OK to be a beginner! The APHC is just as much about learning and developing new skills as it is applying them. Being a beginner will NOT disqualify you; we are trying to create a balance of different types of skills within the cohort.

	Unable to describe or perform	Beginner (I can do this but may need help)	Proficient (I have experience with this skill)	Expert (I can offer my expertise to others)
Canva				
Photoshop				
Microsoft Excel				
Google Sheets				
Python				
R				
SAS				
STATA				
ArcGIS, QGIS or other mapping software				

Dedoose, NVivo, MAXQDA, or similar				
ClickUp, Trello, or another project management platform				

- Are there any software/platform skills you bring to the table that were not included in the previous question?

## PRACTICUM/INTERNSHIP

Some APHC roles are suited for practicum/internship experiences. Your institution may provide credit for the important public health field work you do with the APHC, and this section will help us understand your needs.

### Please note:

- We may not be able to support practicums/ internships that require heavy supervision.
- F-1 or J-1 students who want to be a Corps member for the purposes of their practicum must obtain CPT authorization through their university's international office.

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- Are you looking to fulfill a practicum or internship requirement?
    - No (skip to next section)
    - Yes
  - How many hours does your practicum or internship experience require?

## APHC APPLICATION QUESTIONS

- Why do you want to be a Corps member with the APHC? Briefly describe how your personal experience and/or professional interests brought you to apply. (2-5 sentences)
- Why are you interested in local/community public health? If applicable, please include specific roles, regions, or organizations with which you are interested in working after completion of the program. (5-7 sentences)
- Please provide a brief explanation of what makes you a good fit for a Corps member role and the activities outlined in the job description (<https://bit.ly/aphc9>). This could be skills, education, or personal/lived experience. (3-5 sentences)
- What do you hope to learn or gain from your experience with the APHC/local public health? Please provide a brief list or explanation of the skills you'd like to grow and develop in your time as a Corps member. (3-5 sentences)
- How have you demonstrated a commitment to diversity, equity, inclusion, and racial justice in your current or previous roles? (3-5 sentences)
- Is there any additional information you would like to provide? (3-5 sentences)
- Please upload a copy of your resume using this naming convention: "lastname\_firstname\_APHC".

## **THANK YOU!**

I certify that supporting documents and the information given herein is true to the best of my knowledge. I hereby agree to be bound by all policies, procedures and regulations of the Academic Public Health Corps, both those presently existing and those subsequently amended or adopted. I understand that withholding or giving false information will make me ineligible for the APHC program.

\* Checking this box signifies my application is signed

Please click below to submit this form. Please note that you are not guaranteed the position you apply for, and there may be a waiting period in receiving a decision following submission of the application. Due to the number of applications, we may not reach out if you were not chosen to progress to the next step of the application.

If you have any questions about the APHC that aren't addressed on our website, please reach out to [APHC.internal.ops@mhoa.com](mailto:APHC.internal.ops@mhoa.com). Thank you for applying to the Academic Public Health Corps!