

**Olmsted County Health, Housing and Human Services  
INTERNSHIP APPLICATION  
Supplemental Information**

**Supplemental Information & Application Submission:**

**Please attach the following:**

- Resume
- Transcript
- Reference Letter(s)

**Return application and supplemental materials to:** [OCHHHInternships@olmstedcounty.gov](mailto:OCHHHInternships@olmstedcounty.gov)

I, , understand that once I accept an internship placement with Olmsted County I will agree to a background check, provide verification of a valid driver's license and provide a copy of my vehicle insurance card. I understand that I will be reimbursed for mileage when conducting county business while using my personal vehicle.

*We are committed to the policy that all persons shall have equal access to these programs, without regard to race, creed, color, sex, age, national origin, disability or veteran status. Please complete. Responding is optional.*

My Race is:     Aleutian/Native American     Black/African American     Caucasian  
                   Asian/Pacific Islander     Other:

*Are any accommodations needed? If yes, please describe:*

Printed Name:

**X**

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Signature: