Health internship opportunity announcement

Are you interested in a future in healthcare or public health? Will you be a senior in the Fall of 2026? This is your chance to gain real-world experience and make a difference!

Now accepting Applications:
Kidder County District Health Unit is excited to announce a unique internship opportunity for upcoming high school junior and senior students for the 2026-2027 school year. We seek applications for 3 more motivated students who are interested in the health sciences, connecting with peers, and collaborating in the community. A **$500 stipend** will be offered to each student selected and given once he/she completes a list of specific activities.

What You'll Do:
Students will work closely with Kidder County District Health Unit nurses on selected health topics to present to peers throughout the school year. Topics will target areas of concern within the school: physical activity, nutrition, mental health, social media, vaping, etc. Each student will select a topic of interest and a specific month to complete activities. There will be a group session meeting in August, a health education topic presented by one student in a variety of ways each month, and will conclude with a health fair to the elementary school students in the spring.

Tentative list of required internship activities:

- Apply for and acceptance into program
- Attendance at August meeting
- List of activities to complete within topic month:
    - Meet with Public Health about topic
    - Presentation to high school peers
    - Elementary school pop-in session – coordinate with Mrs. Lawler
    - Article in local paper
    - Article in elementary newsletter
    - Posters created and displayed in school
    - Social media posting at least 1x/week during the month
- Elementary school health fair in April
- Optional activities will also be available

Who should apply:

- Upcoming high school junior and seniors for Fall 2026
- Students interested in a health-related career
- Responsible, motivated, and ready to learn students

Why Apply:

- Gain valuable experience in an area of interest
- Build your resume for jobs or college applications
- Make connections with professionals
- Serve your student body and community
- Make extra money toward college expenses

How to apply:

- Please complete the following application – handwritten or typed. Copies can be downloaded from our website (kiddercountyhealth.com) or picked up at our office.
- **Return completed application by July 15th** to:
    - Kidder County District Health Unit - 422 2nd Ave NW, Steele, ND
    - Or email to: kiddercountyhealth@gmail.com

Awardees will be notified by July 21st.
Questions: Call Tricia at 475-2582

Health Internship Application

KIDDER COUNTY DISTRICT HEALTH UNIT

Applicant information

Full name: _____ Grade: _____

First *MI* *Last*

Address: _____ Phone: _____

Street address *Apt/Unit #*

_____ Email: _____

City *State* *Zip Code*

Parent/Guardian Information

Full name: _____ Contact info: _____

First *Last*

General Information **(answers can be continued on a separate page, if needed)**

Career interest (s): _____

Relevant experience: _____

Leadership experience: _____

Volunteer experience: _____

Extracurricular activities: _____

Special skills (bilingual, tech, etc) _____

Topic ideas to present on: (relevant to the school) _____

References

Please list one reference: either a teacher, coach, or community leader (cannot be related to you)

Name: _____ Relationship: _____

Email:		Phone:	

Short Answer Questions (answers can be continued on a separate page, if needed)

Why are you interested in a health-related career?	
What do you hope to learn from this internship?	
Describe a time you helped others or contributed to your community	

Personal Statement

Tell us anything else you'd like us to know (250 words or less)	

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Completion of this application does not guarantee placement into the internship program. If selected into this program, I understand that I need to complete the list of activities required to receive the stipend. I agree to be reliable and professional.

Student Signature		Date:	
Parent/Guardian Signature		Date:	