

MPH Experience Form

Please complete the following form. List each volunteer or work experience beginning with the most recent that influenced your decision to apply to public health school. If your experiences in an organization changes significantly over time, list as two difference experiences.

Experience 1

Name of public health agency or organization or setting	
City, State (or country if not USA)	
Volunteered or Employed?	
Number of hours per week	
Length of time you were there	
What did you do?	

Experience 2

Name of public health agency or organization or setting	
City, State (or country if not USA)	
Volunteered or Employed?	
Number of hours per week	
Length of time you were there	
What did you do?	

Please copy the form if you have additional experiences.