



SUD INTERNSHIP APPLICATION

CHS does not discriminate against applicants because of race, color, religion, national origin, sex, age, disability, gender identify/gender expression, genetic information, veteran status, or any other category protected by applicable law. Candidates for placement may request necessary accommodation to participate in the application process.

Applicants:

- Instructions: Please print or type all information and complete application in its entirety.
• Please send this completed application to SLingle@chs-nw.org or call our main office for assistance at (206) 362-7282.
• Applicants will interview for internship opportunities. Please be aware that applying does not guarantee placement availability.

Personal Information
Last Name: First Name: Middle Name:
Present Address: City: State: Zip:
Email address:
Home Phone: Cell phone: Ok to leave message:
Do you have other personal or professional interests or relationships with Center for Human Services or its staff that may present a conflict of interest?
Have you ever worked at CHS?
Please list any languages you speak fluently (other than English):
Have you ever been convicted of any law or ethical violations (except a minor traffic violation)?
Do you have history of CPS (Child Protective Services) involvement in this, or any other state?
How were you referred to CHS? (Internet, friend, school, website, etc.)

Internships
CHS asks for a weekly commitment of a specific number of hours a week for a specific number of weeks. How many hours a week can you work?
What days of the week are you available?
Are you currently enrolled in a school where you are obtaining SUDP coursework?
What coursework have you completed toward your SUDP?

Expected graduation date:	Are you interested in continued employment after your internship? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work History
Relevant Work History (include where, specific duties, and when)

Narrative
Describe why you are interested in working in the substance use disorders treatment field and what attributes you would bring to CHS. Please only use this space for your response.

Reference Information	
1) Name:	Relationship:
Phone:	Email:
2) Name:	Relationship:
Phone:	Email:

Consent and Signature	
<p>I certify that the answers and information provided in this application are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of an internship.</p> <p>I will, if accepted, comply with all work and safety rules and regulations as well as CHS's code of ethics. I also understand that my internship is 'at will' and can be terminated, with or without cause, and with or without notice, at any time, at the option of either CHS or myself.</p> <p>I have read, understand, and, by my signature, consent to these statements.</p>	
Signature:	Date: