



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 any 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, along with essay, a reference letter, resume and cover letter to internships@chs-nw.org.
• Applicants will interview for internship opportunities. Please be aware that applying does not guarantee placement availability.
• Call main office for assistance at (206) 362-7282.

Personal Information
Last name: First Name: Middle Name:
Present Address: Street: City: State: Zip:
Pronoun: email address:
Home phone: Cell phone: Ok to leave messages:
Do you have a spouse, partner, or relative working for CHS? 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 ethics violation (except a minor traffic violation)?
Have you ever been sanctioned or excluded from any federally funded program?
Do you have a 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 20 hours a week, including Tuesdays, for direct client hours, individual and group supervision, trainings, case management, time for collateral contact and paperwork.

Can you make this commitment? Yes No

What days of the week are you available?

Mon. Tues. Wed. Thu. Fri.

Specific supervision requirements and specific degree: Yes No If yes, give details:

Please select populations you are interested in working with:

Infants Children Adolescents Adults Other (explain):

Current College/University Information

College/University:

Degree to be earned:

Expected Graduation Date:

Advisor/Placement Coordinator:

Email:

Phone:

Essay

For your essay, please include the following prompts: Describe why you are interested in working in the mental health field. What therapy model (s) would you use and why? What kind of clinical work do you want to do in the future (i.e., population, setting, type, etc.)? How do you typically handle time management, paperwork, and details? Include any unique qualifications and skills you would contribute and relevant experience in working with diverse populations. If no experience in working with diverse populations how do you imagine yourself working within that context? Can you identify your personal and professional strengths and barriers in working with diverse clients? Please answer in no more than 350 words and include it as a separate document to this application.

Emergency Contact Information

Name:

Relationship:

Phone:

Email:

Consent and Signature

I certify that the answers and information provided herein 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 internship. I understand that my criminal background, past employment, and education will be investigated, and I hereby grant permission for that to be done, as well as the verification of any other information herein. I authorize any of my former employers/practicum or internship supervisors to furnish their records of my services, the reason for leaving their employ, together with all other pertinent information they may know or have concerning me. I hereby release them from any and all liability for any damage or injury whatsoever for issuing same.

I will also, if accepted, comply with all work and safety rules and regulations. I understand that failure to comply with these rules could result in not being accepted into internship program. 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.

I have read, understand, and, by my signature, consent to these statements.

Signature:

Date: