



Center for Human Services

Building a stronger community...one family at a time.

Mailing Address: 17018 15th Avenue NE • Shoreline WA 98155 • 206-362-7282 V/TDD • Fax 206-362-7152 • Email: admin@chs-nw.org

MENTAL HEALTH INTERNSHIP APPLICATION

Instructions: Please print or type all information and complete application in its entirety. Please send this completed application, along with your resume to MHInternships@chs-nw.org. Applicants will be invited to interview for internship opportunities. Please be aware that applying does not guarantee placement availability.

Personal Information	
Last name: <input type="text"/>	First Name: <input type="text"/> Middle Name: <input type="text"/>
Present Address: Street: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
Pronoun: <input type="text"/>	email address: <input type="text"/>
Home phone: <input type="text"/>	Cell phone: <input type="text"/> Ok to leave messages: <input type="text"/>
Do you have a spouse, partner, or relative working for CHS? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever worked at CHS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when: <input type="text"/>
Please list any languages you speak fluently (other than English): <input type="text"/>	
Have you ever been convicted of any law or ethics violation (except a minor traffic violation)? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>This will not necessarily prevent you from an invitation to our program.</i> If yes, give details: <input type="text"/>	
Have you ever been sanctioned or excluded from any federally funded program? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>This will not necessarily prevent you from an invitation to our program.</i> If yes, please explain: <input type="text"/>	
Do you have a history of CPS (Child Protective Services) involvement in this, or any other, state? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>This will not necessarily prevent you from an invitation to our program.</i> If yes, please explain: <input type="text"/>	

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 <input type="checkbox"/> No <input type="checkbox"/>	Please provide your specific supervision requirements and specific degree: <input type="text"/>
Please select populations you are interested in working with: <input type="checkbox"/> Infants <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults Other (explain): <input type="text"/>	



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Current College/University Information

College/University: <input type="text"/>	Degree to be earned: <input type="text"/>	Expected Graduation Date: <input type="text"/>
Advisor/Placement Coordinator: <input type="text"/>	Email: <input type="text"/>	Phone: <input type="text"/>

Brief Cover Letter

For your cover letter/email, please include the following response: Describe why you are interested in working in a nonprofit mental health community agency?

Emergency Contact Information

Name: <input type="text"/>	Relationship: <input type="text"/>
Phone: <input type="text"/>	Email: <input type="text"/>

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.

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.

Signature: <input type="text"/>	Date: <input type="text"/>
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