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:	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? Yes No	Have you ever ***worked*** at CHS? Yes No If yes, when:	
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)? Yes No *This will not necessarily prevent you from an invitation to our program.* If yes, give details:		
Have you ever been sanctioned or excluded from any federally funded program? Yes No *This will not necessarily prevent you from an invitation to our program.* If yes, please explain:		
Do you have a history of CPS (Child Protective Services) involvement in this, or any other, state? Yes No *This will not necessarily prevent you from an invitation to our program.* If yes, please explain:		

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	Please provide your specific degree type and supervision requirements:
What program are you interested in? School-Based Office-Based Either	
School-Based: Based in Edmonds, Shoreline, Mukiltio, and Everett School Districts. Working with elementary, middle, and high school students. Collaborating with families, educators, and school staff ***Favorable to have own transportation**	**Office-Based:** Shoreline or Lynnwood Neighborhood Center location. Working with children, youth, families, and adults.

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Current College/University Information		
College/University:	Degree to be earned: Expected Graduation Date:	
Advisor/Placement Coordinator:	Email:	Phone:

Brief Cover Letter
For your cover letter/email, please include the following response: Please describe why you are interested in working in a nonprofit mental health community agency.

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.

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: Date: