

Internship Application

Name:

Undergraduate School and Degree:

Graduate School and Degree:

Check area of interest:

- Internship
- Practicum

Do you have CT status?

- Yes
- No

Do you have liability insurance?

- Yes
- No

Check all that apply:

- Spring Semester
- Summer Semester
- Fall Semester

Please detail your area of interest in terms of client population (include age, gender, diagnosis, theoretical preference, and any other area of specialty)

What has your experience been working with youth?

What has your experience been with the LGBTQ+ community (you may either reflect on professional experiences or personal experiences)

Our clients seek LGBTQ+ counselors and specifically ask how each of our team members identifies. Would you say you are (select one):

- Part of the LGBTQ+ community
- An ally
- Prefer not to say

What is your availability for internship? (Days and Times)

Where do you ideally see yourself professionally in the few years after graduation?

Additional Information: Please use this area to let us know anything additional that you think is important for us to know. Feel free to use this area to identify some of your academic/professional strengths. Also, what are you interested in learning the most?

We require a background check. Have you had a background in the past 12 months?

- Yes
- No

If so, can you provide a copy of this background check?

- Yes
- No

If not, you must pay for a BCI & FBI background checks.

- I Agree

Please List 3 references (2 of which must be professional references)

Name and Relationship:

Phone:

E-mail:

Name and Relationship:

Phone:

E-mail:

Name and Relationship:

Phone:

E-mail: