

**Application for Student Internship**

For Internship Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Example: Fall 2013)

**PERSONAL INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name (M.I.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Phone Permanent Phone Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address Permanent Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State/Province ZIP Code City State/Province ZIP Code

**EMERGENCY CONTACT INFORMATION**

In case of emergency contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone/Work Phone City State/Province ZIP Code

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**ACADEMIC INFORMATION**

1.

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College/University Name City, State/Province

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended (mm/yy) Graduation Date (mm/year) Major

Level: Associates Degree Bachelor’s Degree Master’s Degree

2.

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College/University Name City, State/Province

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Dates Attended (mm/yy) Graduation Date (mm/year) Major

Level: Associates Degree Bachelor’s Degree Master’s Degree

3.

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College/University Name City, State/Province

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Dates Attended (mm/yy) Graduation Date (mm/year) Major

Level: Associates Degree Bachelor’s Degree Master’s Degree

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**EXPERIENCE IN BEHAVIORAL HEALTH FIELD (SUBSTANCE ABUSE AND/OR MENTAL HEALTH)**

1.

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Agency Position/Title (volunteer, counselor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name/Credentials Supervisor’s Title Supervisor’s Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates (mm/yy to mm/yy) Hours Worked

Please briefly describe population and responsibilities: (approx. 100 word limit)

2.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Position/Title (volunteer, counselor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name/Credentials Supervisor’s Title Supervisor’s Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates (mm/yy to mm/yy) Hours Worked

Please briefly describe population and responsibilities: (approx. 100 word limit)

3.

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Agency Position/Title (volunteer, counselor)

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Supervisor’s Name/Credentials Supervisor’s Title Supervisor’s Phone

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Dates (mm/yy to mm/yy) Hours Worked

Please briefly describe population and responsibilities: (pprox.. 100 word limit)

**PROFESSIONAL INVOLVEMENT**

Please list the names of any professional organizations you are a member of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COURSEWORK INFORMATION**

Please attach Coursework Completion Certificate for all courses listed below.

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| --- | --- | --- | --- | --- |
| Course Title | Institution | Term | Year | Grade |
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**ESSAY QUESTIONS**

Please answer the following questions:

How did you first become interested in or aware of behavioral health (substance abuse and/or mental illness)? (Approx. 200 words)

What have you done to increase your knowledge/awareness of this profession? (Approx. 200 words)

Briefly describe the ways in which the work of a certified addiction professional contributes to the experience of helping others, individuals and/or families. (Approx. 200 words)

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**APPLICATION CHECKLIST REVIEW**

|  |  |
| --- | --- |
|  | Completed and Signed Application Form |
|  | Coursework Completion Certificate |
|  | Reference Letters |
|  | Resume/Curriculum Vitae |

**I attest that the information in this application is true and accurate to the best of my knowledge.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBMITTING YOUR APPLICATION:**

Completed applications should be emailed or mailed directly to Keli Karbowski, LCSW at info@destinationhope.net. **DO NOT MAIL YOUR APPLICATION TO THE ACADEMY OF ADDICTION PROFESSIONALS.**