



# The Academy for Addiction Professionals

## Application for Student Internship

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

### PERSONAL INFORMATION

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ (M.I.) \_\_\_\_\_

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Present Phone \_\_\_\_\_ Permanent Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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Present Address \_\_\_\_\_ Permanent Address \_\_\_\_\_

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City State/Province ZIP Code \_\_\_\_\_ City State/Province ZIP Code \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

In case of emergency contact:

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Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

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Home Phone/Work Phone \_\_\_\_\_ City State/Province ZIP Code \_\_\_\_\_

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### ACADEMIC INFORMATION

1.

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.

College/University Name	City, State/Province		
Dates Attended (mm/yy)	Graduation Date (mm/year)	Major	
Level:	Associates Degree	Bachelor's Degree	Master's Degree

3.

College/University Name	City, State/Province		
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.

_____	_____	
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.

_____	_____	
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: (3pprox.. 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.

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.**