

APPLICATION FOR INTERNSHIP

Sound will comply with local, state, and federal laws, and executive orders in the implementation of equal employment opportunity policies as it relates to internships and employment.

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

DAY PHONE NUMBER: _____ EVENING PHONE NUMBER: _____ BEST TIME TO CALL: _____

Are you applying for: PRACTICUM (1ST YEAR) INTERNSHIP (2ND YEAR)

If you are applying for a practicum, if invited, would you consider doing your internship at Sound as well? YES NO

Are you currently a CDP/T? YES NO

University/College: _____ Program & Degree sought: _____

School advisor: _____ Phone Number: _____ Email address: _____

Date practicum/ internship begins: _____ ends: _____ Internship hours per week: _____

Weekday availability: _____

Supervision Requirements:

Check one: Licensed supervision (ex. LMHC, LMFT, LISW) Non-licensed supervision (ex. 2 years post degree only) N/A

Supervision hours required per week: _____

Additional comments or requirements: _____

Answer this question only after reviewing the attached intern job description:

Are you able to perform the essential duties and responsibilities required for this position, with or without accommodation?

NO YES (If YES, what accommodations do you require at this time?): _____

Do you have reliable transportation? YES NO

Are you willing to drive to and from different service locations (Ex. Schools, Community Centers, training site...etc) YES NO

How did you hear about Sound? _____

Preferred work location (Please check all that apply):

- Seattle Metro area Bellevue/Redmond area Tukwila area Auburn area

Preferred populations (Please check all that apply):

- Adults Child & Family Older Adults Forensic Services Substance Use Disorder
 Homelessness Medically Fragile Unemployment Intellectual & Developmental Disabilities

Why are you interested in an internship at Sound?

What are your professional goals and how do you see your internship contributing to those goals?

Special interests and skills (Please include strengths):

REFERENCES: PROFESSIONAL		
NAME	RELATIONSHIP	TELEPHONE ()
NAME	RELATIONSHIP	TELEPHONE ()

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application are true and complete to the best of my knowledge. I understand that if I am accepted, false statements may result in my dismissal. I authorize Sound to make an investigation of any facts set forth in this application, including conducting a criminal history background check.

Please Print Out this Application after Completion, and Sign.

Date: _____

Applicant's Signature: _____