

**Internship Application**

**Date:** Click or tap to enter a date.

**First name:** Click or tap here to enter text. **Last name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text.

**Zip:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Phone number:** Click or tap here to enter text.

**Pronouns:** Click or tap here to enter text.

**Internship Information**

**School name**: Click or tap here to enter text.

**Program name:** Click or tap here to enter text.

**Will you receive academic credit for an internship?** Yes No

**Internship type**: Choose an item.

**Anticipated start date:** Click or tap here to enter text.

**Anticipated end date:** Click or tap here to enter text.

**Total hours required for your placement:** Click or tap here to enter text.

**Total hours you are available each week:** Click or tap here to enter text.

**Which licensures/degrees are approved by your school to supervise your internship?**

|  |  |
| --- | --- |
| Specific licensure or certification not required | |
| LICSW | LPC |
| LGSW | LPCC |
| LSW | Registered Nurse |
| LMFT | Certified Therapeutic Recreation Specialist |
| MSW with two years of post-MSW experience | |
| Other: Click or tap here to enter text. | |

**Any other school requirements for the intern supervisor?**

Click or tap here to enter text.

**How did you learn about Touchstone Mental Health’s internship program?**

Click or tap here to enter text.

**Why do you want to intern for Touchstone Mental Health?**

Click or tap here to enter text.

**What experience do you have that relates to your request for an internship?**

Click or tap here to enter text.

**What experience do you have supporting adults with mental illness?**

Click or tap here to enter text.

**For community-based internships, only check if yes:**

Have a valid driver’s license

Have a vehicle that can be used during the internship

Currently maintain auto insurance on this vehicle

School permits you to drive clients alone to and from appointments

School permit you to ride along with staff members

School permit you to ride along with staff members and clients together

Other restrictions related to driving as part of your internship: Click or tap here to enter text.

**Availability**

Check only if you are available during the following times:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Evening |  |  |  |  |  |

**Additional comments about your availability:**

Click or tap here to enter text.

**Any additional information about your application:**

Click or tap here to enter text.

**Your Signature:** \_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to: [intern@touchstonemh.org](mailto:intern@touchstonemh.org).