

**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.