



# Envision Counseling Clinic Internship Application 2020-2021

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Birth date \_\_\_\_\_

Email \_\_\_\_\_

Degree you are pursuing \_\_\_\_\_

School you are attending \_\_\_\_\_

School Clinical Director \_\_\_\_\_ Phone \_\_\_\_\_

Group Faculty Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Courses you have completed (as part of this degree):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Courses you have yet to complete (as part of this degree):

_____	_____
_____	_____
_____	_____
_____	_____

Are there any aspects of your life that may impair your ability to work as a registered psychotherapist (e.g. abuse of alcohol or drugs, difficult relationship, dual relationship with a client, etc)? If yes, say more: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been under any form of probation or disciplinary action in the mental health field (including your schooling)? \_\_\_\_\_ If yes, please attach an explanation.

What areas of interest do you wish to pursue in your counseling career? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like faith-based values to inform the process of your internship? Yes No



Please describe the meaning of your faith in your life. \_\_\_\_\_

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What interests you about Envision Counseling Clinic? \_\_\_\_\_

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What do you hope to gain from your internship? \_\_\_\_\_

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What do you hope to contribute to your internship? \_\_\_\_\_

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- I understand that this internship is a 12-month internship. I am willing to work from September 1, 2020 to August 31, 2021, even if my internship hours have been fulfilled. I understand that prematurely terminating this internship will result in a notation of such actions on any evaluation/reference. \_\_\_\_\_ (initial your consent)
- I understand that I will not be able to text, engage in social media, and/or use the internet for personal use during my work hours. \_\_\_\_\_ (initial your consent)
- If I am a finalist in the interview process, I am willing to take the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2) and submit to a background check prior to starting internship. \_\_\_\_\_ (initial your consent)
- I understand that an internship position at Envision Counseling Clinic does not guarantee an employment position. \_\_\_\_\_ (initial your consent)
- I understand that certain hours I work while my school is not in session may not be counted toward internship requirements (depending on your school's policy). Nevertheless, I also understand that I will continue to provide care to my clients at Envision Counseling Clinic during academic breaks. \_\_\_\_\_ (initial your consent)

**Please submit this form by APRIL 30th, 2020 to: Jessie James, Envision Counseling Clinic, 734 Wilcox St., Suite 202, Castle Rock, CO 80104 or email it to [Jessie@EnvisionClinic.com](mailto:Jessie@EnvisionClinic.com). Include a cover letter and your most recent resume/vita with references.**