

**Clinical Trainee/Internship Program Application**

| **Contact Information** |
| --- |
| Name: |  |
| Name registered with BBS |  |
| BBS # |  |
| Street Address |  |
| City, State, Zip Code |  |
| Cell or Home Phone |  |
| Email Address |  |
| Date of Birth |  |
| **Please check the appropriate box:** |
| [ ]  MFT Trainee | [ ]  MFT Intern | [ ]  MSW Intern | [ ]  Other: |
| **Program** |
| Program you are applying for (if known):[ ]  Sexual Assault (SA)/CAPIT[ ]  Family Preservation (FP)[ ]  Adoption Promotion and Support Services (APSS) |
| Do you have any adoption related and/or foster youth experience? Experience that qualifies, but is not limited to, includes personal relationships, family members/relatives, work/school acquaintances, or community/social connections. |
| [ ]  Yes | [ ]  No | [ ]  Unsure |
|  |
| Briefly describe your experience: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Previous Counseling Related Experience:Please describe any counseling experience you have had or experience related to working with children, adolescents, or adults in a helping role. Please indicate the type of experience and length of time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **Education** |
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| Bachelor’s Degree (Name of School and Degree Type): **Please Note - You must have a B.A./B.S. in a Social Science or in a closely related field to apply for Family Preservation (FP) or Adoption Promotion and Support Services (APSS).** |
| Master’s Degree (Name of School): **Check one**  [ ]  enrolled in [ ]  graduate from |
| If Currently Enrolled - Start Date: |
| If known, please provide name of Practicum Instructor: |

| **Availability** |
| --- |
| With Regard to MFT students, after completing 12 units and 40-60 hours of training, you will be expected to earn clinical hours towards graduation requirements. This fieldwork site requires a commitment of 15-20 hours/week. This will include 2-4 hours of supervision and an average of 5 to 10 hours of direct client service per week.Please respond to the following questions regarding your availability: |
|  | Are you currently employed? | [ ]  Yes | [ ]  No |  |
|  | How many hours per week do you plan to work once you start fieldwork training? |  | hours/week |
|  | Once you have completed your 40-60 hour training, will you be available to attend 2 two-hour  |
|  | during the weekdays? | [ ]  Yes | [ ]  No |  |
| During which days/times are you available to volunteer? (Including Supervision hours) |
| [ ]  Monday | Hours: | [ ]  Saturday | Hours: |
| [ ]  Tuesday | Hours: | [ ]  Sunday | Hours: |
| [ ]  Wednesday | Hours: | **How often will your availability change?** |
| [ ]  Thursday | Hours: | **How flexible is this schedule?** |
| [ ]  Friday | Hours: |

| **Training Options**  |
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| Please select the training you’d like to be considered for |
| Jan/Feb 20\_\_\_ | May/June 20\_\_\_ | Sept/Oct 20\_\_\_ |
| Exit Date (~18months): | Exit Date (~18months): | Exit Date (~18months): |
|  August 20\_\_\_ |  December 20\_\_\_ |  April 20\_\_\_ |
| **Please note that internships/traineeships require an 18 month commitment. This may be extended.** |

| **Language Skills** |
| --- |
| What language(s) **other than English** do you speak/write? |
| SPOKEN: | [ ]  Fluent | [ ]  Proficient | [ ]  Minimal | WRITTEN: | [ ]  Fluent | [ ]  Proficient | [ ]  Minimal |
| 3rd language: |
| SPOKEN: | [ ]  Fluent | [ ]  Proficient | [ ]  Minimal | WRITTEN: | [ ]  Fluent | [ ]  Proficient | [ ]  Minimal |

| **Other Related Questions** |
| --- |
| 1. Why are you interested in volunteering with Strength United? (Check all that apply)
 |
| [ ]  Working with trauma[ ]  Providing crisis intervention[ ]  Working with clients who have experienced sexual assault/abuse[ ]  Working with clients who have experienced domestic violence[ ]  Working with clients who have experienced child maltreatment[ ]  Working with foster children and foster families/Adoptive children & families[ ]  Running groups[ ]  Providing parent training and education[ ]  Working in homes[ ]  Other: |
| 1. Do you have or are you a party to any civil or criminal proceedings involving the Department of Children and Family Services, Los Angeles or District Attorney, Los Angeles Sheriff Department and or the Los Angeles Police Department? [ ]  Yes [ ]  No
 |
|  |
| If yes, please provide date(s) and details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you been convicted of an offense other than a minor traffic violation? [ ]  Yes [ ]  No
 |
| If yes, please provide date(s) and details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note:** Answering “yes” to the above question does not constitute an automatic barrier to volunteer. Factors such as date of the offense, seriousness and nature to the violation, and rehabilitation will be taken into account. |

| **Additional Information** |
| --- |
| As an ongoing & committed volunteer for Strength United, you will be asked to comply with a Code of Confidentiality, and will be asked to undergo Finger Imaging Live Scan upon beginning this volunteer position. Are you comfortable with these requirements? [ ]  Yes [ ]  No |
| If yes, please provide date(s) and details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Volunteers working in FP and APSS Programs are required to provide in-home services to families in the San Fernando and Santa Clarita Valleys, for which mileage will be reimbursed. Please initial to note your understanding of and agreement with this requirement. |
|  |  |  |
|  |

| **Demographics (Optional)** |
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| What is your Ethnicity? Check all that apply: |
|  | [ ]  African American/Black[ ]  Asian/Pacific Islander [ ]  White (non-Hispanic) | [ ]  Hispanic/Latino[ ]  Native American[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **1st Reference** |
| --- |
| Please provide the name and phone number of one individual who we can contact for a reference. |
| Name  |  |
| Home, Work, or Cell Phone |  |
| Relationship to you |  |

| **2nd Reference** |
| --- |
| Please provide the name and phone number of one individual who we can contact for a reference. |
| Name  |  |
| Home, Work, or Cell Phone |  |
| Relationship to you |  |

| **Person to Notify in Case of Emergency** |
| --- |
| Name  |  |
| Street Address |  |
| City, State, ZIP Code |  |
| Phone |  |
| Relationship to you |  |

| **Strength United T-Shirt Size** |
| --- |
| [ ]  Extra Small | [ ]  Small | [ ]  Medium | [ ]  Large | [ ]  Extra Large |

| **Equal Opportunities Policy and Reasonable Accommodation** |
| --- |
| Strength United provides equal volunteer opportunities without regard to the fact or perception of a person’s race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, physical disability, mental disability, medical condition, Acquired Immune Deficiency or AIDS/ HIV status, immigration status, association with members of such protected classes, or in retaliation for opposition to discrimination against such classes, except where discrimination is *legally* permitted, such as for bona fide occupational requirements or disqualifications.Strength United shall make reasonable accommodation of the known religious creed, protected physical or mental disability or medical condition of a volunteer when it will not impose an undue hardship on Strength United or jeopardize the safety of the staff member or others. Volunteers’ requests for an accommodation should be made to the Volunteer Program Coordinator. |

| **Agreement and Signature** |
| --- |
| Strength United relies on the statements in this application to appropriately place volunteers in positions for the benefit of our clients and staff. Inaccurate or incomplete information may adversely affect the quality of service we are able to deliver with the generous assistance of our volunteers. By signing and submitting this application, you acknowledge that the facts stated are true and correct, and that any false statements, omissions or other misrepresentations may result in your reassignment to another volunteer position or dismissal from the volunteer program. |
| Name (printed) |  |
| Signature |  |
| Date |  |

**Thank you for taking the time to complete this application. Please attach a copy of your resume and email both items to:** **internship@strengthunited.org**

**Please note that if accepted, there is a mandatory 40- or 60-hour training with $175 fee due at the time of training.**