



FOR OFFICE USE ONLY

DATE OF INTERVIEW \_\_\_\_\_

TIME: \_\_\_\_\_

BY: \_\_\_\_\_

MON TUES THURS OTHER:

ADMIN?  YES  NO

GROUP  YES  NO \_\_\_\_\_

## INTERN/PRACTICUM STUDENT APPLICATION

\*Please complete the following information. All information will be treated as privileged and confidential and will not be released without your written permission or request.

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ (for OSBI background check)

SCHOOL: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ NO. HRS. COMPLETED: \_\_\_\_\_

ARE YOU SEEKING LICENSURE?  YES  NO IF SO, TYPE OF LICENSURE: \_\_\_\_\_

### PROGRAM DIRECTOR INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### INTERNSHIP REQUIREMENTS

NUMBER OF INTERNSHIP HOURS REQUIRED: \_\_\_\_\_

TYPE OF HOURS:  ADMIN HRS. \_\_\_\_\_  CONTACT HRS. \_\_\_\_\_

Calm Waters Center for Children and Families requires all interns to attend the Calm Waters Facilitator Training to facilitate support groups. Every effort will be made to place you in your choice of group, however, Calm Waters reserves the right of placement to those areas that are most in need.

...helping children and families in their grief journey caused by death, divorce, or other significant loss