

Outreach Concern, Inc.

2030 East Fourth Street, Suite 237 Santa Ana, CA 92705 Telephone: 714-547-1163 Fax: 714-547-4578

APPLICATION FOR INTERN-COUNSELOR PROGRAM

NAME: _____ SEX: M____ F____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE NO: _____ SOCIAL SECURITY NO: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____ RELATION: _____

PHONE NO. OF EMERGENCY CONTACT: HOME: (_____) _____ WORK: (_____) _____

ARE YOU BILINGUAL? _____ LANGUAGES SPOKEN: _____

CURRENT EMPLOYER: _____ NUMBER OF YEARS: _____

HIGH SCHOOL ATTENDED: _____ YEAR OF GRADUATION: _____

UNIVERSITY/COLLEGE ATTENDED: _____ YEAR OF GRADUATION: _____

DEGREE(S) HELD: _____ DATE RECEIVED: _____

UNIVERSITY/COLLEGE NOW ATTENDING: _____ MAJOR: _____

CURRENTLY WORKING ON: BA____ MA____ MS____ MSW____ MFT____ PHD____ LCSW____ PPS____

DATE OF ANTICIPATED COMPLETION: _____

ARE YOU PLANNING ON USING THIS INTERNSHIP FOR PRACTICUM? YES____ NO____

ARE YOU PLANNING TO COUNT HOURS FOR LICENSURE FROM THIS INTERNSHIP? YES____ NO____

COLLEGE INTERNSHIP ADVISOR: _____ PHONE: (_____) _____

NO. OF INTERNSHIP HOURS NEEDED: _____ DAYS/HOURS AVAILABLE: _____

NO. OF CLINICAL SUPERVISION HOURS NEEDED: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES____ NO____ IF YES, PLEASE EXPLAIN: _____

HOW DID YOU HEAR ABOUT OUTREACH CONCERN?

UNIVERSITY _____ INTERNET _____ FRIEND/COLLEAGUE _____ ADVERTISEMENT _____ OTHER _____

IF CHOSEN FOR AN INTERN-COUNSELOR POSITION WITH OUTREACH CONCERN, INC., YOU WILL BE REQUIRED TO SIGN A LEGALLY BINDING CONTRACT. ARE YOU PREPARED TO CONTRACT WITH OUTREACH CONCERN FOR A TWO DAY PER WEEK (MINIMUM) INTERNSHIP FROM SEPTEMBER OF THIS YEAR THROUGH MID-JUNE OF THE FOLLOWING YEAR?

YES _____ NO _____

PLEASE PROVIDE THREE REFERENCES. ADDRESSES MUST BE COMPLETE.

	NAME	ADDRESS	CITY	STATE	ZIP
1.	_____				
2.	_____				
3.	_____				

PLEASE ATTACH A CURRENT RESUME, IF AVAILABLE.

I ACKNOWLEDGE THAT ALL THE ABOVE INFORMATION IS TRUE.

SIGNATURE

DATE