

INTERNSHIP APPLICATION FORM

In order to be considered for an internship, you must submit a signed and completed application form along with your resume. All application items must be submitted as a complete package. **Incomplete applications will not be reviewed.**

| Type Of Internship Being Applied For: | | | | | | | | |
|---|-----------|------------------|-----------|------------------|-----------------|---------------|---------------|--|
| ☐ Clinical Intensive Internship In Reproductive, Perinatal, and Maternal / Parental Mental Health | | | | | | | | |
| Case Management Internship In Reproductive, Perinatal, and Maternal / Parental Mental Health | | | | | | | | |
| Psychiatric Mental Health Nurse Practitioner Therapeutic Observation Clinical Rotation | | | | | | | | |
| | | | | | | | | |
| Name: | | | | | | | | |
| School Name & Address: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| School Internship Contact Person Name:School Phone Number: | | | | | | | | |
| Permanent Ad | dress: | | | | | | | |
| | | | | | | | | |
| Personal Cell Phone Number: | | | | | | | | |
| E-mail Address | s: | | | | | | | |
| What Month/Year Are You Looking To Begin Internship? | | | | | | | | |
| What Month/Year Would You Finish Internship? | | | | | | | | |
| Anticipated Internship Days/Times: (Circle Which Apply To You) | | | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | • | |
| Morning | Morning | Morning | Morning | Morning | Morning | Morning | | |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoor | า | |
| Evening | Evening | Evening | Evening | Evening | Evening | Evening | | |
| How Many Hours Per Week Will You Intern? How Many Hours Do You Need To Intern Total? | | | | | | | | |
| Are You Able To Commit To The Following Mandatory Meetings / Events? | | | | | | | | |
| Biweekly Team Meeting (Tuesdays 1-2pm) Biweekly Group Supervision (Thursdays 1:30-2:30pm) | | | | | | | | |
| | • , | er Month 9-10:30 | • | lual Supervisior | n (1hr/wk TBD V | Vith Assigned | l Supervisor) | |
| This Internship Is Virtual - You Agree To This? | | | | | | | | |

| Education: | | | | |
|---------------------------------------|-----------------|---------------|------------|--|
| TYPE OF SCHOOL | NAME & LOCATION | DEGREE & DATE | MAJOR | |
| High School | | | | |
| College | | | | |
| Scholastic Honors a | nd/or Licenses: | | | |
| Most Recent Employ | | | ne Number: | |
| Supervisor's Name & Position Title: | a Title: | Start Date: | | |
| Most Recent Employ | er: | Phor | ne Number: | |
| | | | | |
| Position Title: Description of Duties | : | Start Date: | End Date: | |
| | | | | |
| | | Phone Number: | | |
| | | | | |
| Position Title: | | Start Date: | End Date: | |
| | | | | |

| References | | | | | |
|---|-------------------|--|--|--|--|
| Name: | Telephone Number: | | | | |
| Company/School: | | | | | |
| Relationship: | Known How Long: | | | | |
| Name: | Telephone Number: | | | | |
| Company/School: | | | | | |
| Relationship: | Known How Long: | | | | |
| Name: | Telephone Number: | | | | |
| Company/School: | | | | | |
| Relationship: | Known How Long: | | | | |
| | | | | | |
| Publications and Articles: | | | | | |
| Community/Professional organizations, honors and awards: | | | | | |
| Activities relevant to the internship(s) for which you are applying: | | | | | |
| | | | | | |
| | | | | | |
| Why would you like to intern for a practice specializing in reproductive, perinatal, and maternal / parental mental health? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Signature | Date | | | | | |
|---|--|--|--|--|--|--|
| a false or incomplete answer may be grounds for not considering me or for my dismissal. | | | | | | |
| reening that all of the statements in this application are true and complete to the | best of my knowledge. I dilderstand that | | | | | |

INTERNSHIP PROGRAM INFORMATION

- The Life Workshop, Inc. offers internships to students enrolled in any institution of higher learning that
 trains counselors, therapists, social workers, or medication prescribers. The Life Workshop, Inc.'s
 internship program is specifically designed to provide training and experience for students interested in
 reproductive, perinatal, and maternal / parental mental health. The Life Workshop, Inc.'s internships are
 non-salaried and unpaid; unless otherwise indicated.
- Internship Positions Available: Internship opportunities are available in most areas of the company. The
 Internship Opportunities section on TLW's website lists the specific internships available at TLW. This
 section may be viewed on TLW's website, www.thelifeworkshop.org.
- Eligibility: A candidate must be a graduate student entering their final year (graduation will be achieved upon successful internship completion). Candidates can be final year undergraduate students or nongraduating graduate students for the case management internship.
- General Information: Internships are offered during the Summer, Fall, and Winter/Spring semesters as well as on other mutually agreed upon schedules. All interns are subject to the applicable TLW employee rules.