



MSW Internship Application

Applicant Name: _____ Date: _____

Street Address: _____

City / State / Zip Code: _____ Drivers License #: _____

Home Phone: _____ Cell phone: _____ Email: _____

Contact in Case of Emergency: _____
NAME RELATIONSHIP

If currently employed please list name of employer: _____

Work hours and days: _____ Work Phone: _____

SCHOOL AND PROGRAM INFORMATION

School Name/ Name of Program: _____

Year in program: ☐ 1st year ☐ 2nd year ☐ 3rd year Expected Graduation Date: _____

Contact person at school:

NAME TITLE PHONE NUMBER

Previous internship completed? ☐ No ☐ Yes: # of hours completed _____ Type of site and population: _____

Desired start date for internship: ☐ Fall Semester _____ (year) ☐ Spring Semester _____ (year)

List days and times you are available for an internship: _____

Number of hours/week: _____

PREFERENCES, INTERESTS, AND EXPERIENCE

Populations of Interest:

- ☐ children and families ☐ adults ☐ older adults ☐ transitional aged youth (18-25 years old)
☐ adolescents in juvenile justice system ☐ forensic population (adults) ☐ alcohol and drug treatment

Preferred Location(s) or area(s):

- ☐ Ventura ☐ Oxnard ☐ Thousand Oaks ☐ Simi Valley ☐ Santa Paula/Fillmore

Bilingual? ☐ No ☐ Yes If yes, language(s) spoken: _____

What are your learning objectives? What activities would you most like to be involved in?

Describe any previous experience in mental health treatment and/or treatment of drug and alcohol addiction. List any unique skills or experiences that would enhance or contribute to your clinical abilities.

Highlight any previous experiences with culturally diverse populations:

ADDITIONAL INFORMATION

Do you have any restrictions or limitations that we should be aware of? ☐ No ☐ Yes
If yes, please explain:

Please describe any other important additional information that was not mentioned previously:

REFERENCES

Name: _____ Agency if applicable: _____
Phone: _____ Relationship: _____
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Phone: _____ Relationship: _____

HEALTH AND BACKGROUND SCREENING

- All employees, volunteers, and students are required to be screened annually for tuberculosis. You have an option of having a tuberculin skin test through the departments employee health services, at no cost to you, or you can opt to have the test done by your personal physician.
- All employees, volunteers, and students are required to complete a background clearance. This is conducted through our department, at no cost to you. Any offer of an internship is contingent upon completion of the background clearance.

The above information is accurate and correct to the best of my knowledge

SIGNATURE

DATE

Return the completed application with a cover letter and a copy of your resume to:
Carla Cross, LMFT, ATR-BC, Internship and Clinical Training Manager
1911 Williams Drive, Suite 200, Oxnard, CA 93036
Phone: (805) 981-4221 | Fax: (805) 981-6838 | Email: Carla.cross@ventura.org