

Internship Request Form

Hope Services, LLC

Thank you for your interest in our internship program. Our internship program is a year long and starts in August each year. All interns will be assigned Continuity Clinic Hours within our Outpatient Clinic and Intake Departments each week. In addition, each intern will experience a rotation within our Facility Based Services and Community Based Services programs. These rotations will occur approximately half way through the internship. Interns are required to devote a minimum of 24 hours per week towards the internship.

Please complete the following form in order to request an internship with our organization.

Name: _____ **University:** _____

Field of Study: Professional Counseling **Type of Degree:** Masters

School Contact/Field Placement Supervisor:

Name: _____

Phone Number: _____

Email: _____

Provide a brief description of why you are requesting an internship with our organization. Be sure to include what it is about Hope Services that interests you as well as what you hope to gain through your internship experience:

Provide any relevant work, volunteer or previous internship experience working with children and adolescents within the mental health field. Be specific to include number of hours and dates. Additionally any human service work with adults and non human service work (school or church supports) about children which may be relevant should also be listed:

Start Date Requested for Internship: _____

End Date Requested for Internship: _____

Breaks/Holidays anticipated off during internship (if applicable) : _____

Hours per week available to devote towards internship: _____

Days/Hours available for internship: _____

Please email the completed form to: applicant@hopeservices4u.com

Once the completed form is received you will be contacted regarding availability for placement and/or to schedule an interview.