



Master's Level Student Intern Placement Application

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Instructions: *To apply for a student internship placement at Park Center, please complete and submit the following application.*

NAME: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

DAY PHONE: _____

EVENING PHONE: _____

ACADEMIC INSTITUTION: _____

INSTITUTION'S ADDRESS: _____

INTERNSHIP PROGRAM: _____

FACULTY ADVISOR'S NAME: _____

FACULTY ADVISOR'S EMAIL: _____

FACULTY ADVISOR'S PHONE: _____

YEAR IN PROGRAM: _____

DEGREE BEING PURSUED: _____

INTERNSHIP START DATE: _____

INTERNSHIP END DATE: _____

WEEKLY INTERNSHIP HOURS: _____

TOTAL INTERNSHIP HOURS: _____

DID YOU USE INDIANA INTERNNET (ONLINE RESOURCE) TO LOCATE THIS INTERNSHIP OPPORTUNITY?

Yes ____ No ____

IF NO, HOW DID YOU LEARN ABOUT INTERNSHIP OPPORTUNITIES AT PARK CENTER?

LIST PARK CENTER PROGRAM PREFERENCES FOR INTERNSHIP:

HAVE YOU EVER BEEN AN EMPLOYEE OR STUDENT OF PARK CENTER PREVIOUSLY?

Yes ____ No ____

IF YES, LIST DATES AND POSITION(S): _____

SPECIFY YEARS OF EXPERIENCE WORKING IN MENTAL HEALTH: _____

LIST THE NAMES OF THE 2 REFERENCES, OTHER THAN YOUR FACULTY ADVISOR, WHO WILL BE SUBMITTING LETTERS OF RECOMMENDATION, AS WELL AS THEIR CREDENTIALS, ADDRESSES, PHONE NUMBER(S) AND EMAIL ADDRESS(ES).

REFERENCE # 1

NAME/CREDENTIALS: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

REFERENCE # 2

NAME/CREDENTIALS: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

- 1. PREFERRED POPULATION:** Do you have a preference for working with a particular client group? If so, explain. Describe what type of work you would like to do with this group, what client groups you have worked with previously, and what coursework you have had related to working with this population.
- 2. GOALS AND OBJECTIVES:** Identify 3 or 4 primary educational goals, as well as any special interests you may have in mind for this internship placement experience.
- 3. PERSONAL STRENGTHS:** What do you consider to be your strongest personal assets as a developing professional, and how do you see your placement experience at Park Center as enhancing your effectiveness?

4. **SKILL DEVELOPMENT:** What specific professional skills do you wish to develop or enhance while at Park Center?

5. **CAREER GOALS:** What are your specific goals after graduation? (i.e. employment, future education, etc.) How do you envision your experience at Park Center contributing to these goals?

6. **SITE SELECTION:** Why did you decide to apply to Park Center? What interests you the most about community mental health? How do you see yourself contributing to the field?

7. Please add any additional information that will help us in tailoring your internship experience at Park Center to meet your needs.

APPLICANT SIGNATURE: _____

DATE: _____