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**Internship Program Application Questionnaire**

**Personal Information**

1. Full Name:

 [First Name, Last Name]

2. Preferred Pronouns:

 [e.g., She/Her, He/Him, They/Them]

3. Contact Information:

Email Address:

Phone Number:

Mailing Address:

4. Emergency Contact Information:

 Name:

 Relationship:

 Phone Number:

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**Educational Background**

5. Current Academic Institution:

6. Degree Program:

 - [e.g., Master’s in Counseling, Doctorate in Clinical Psychology]

7. Current Year of Study:

 [e.g., 2nd year of Master’s Program]

8. Expected Graduation Date:

9. Have you obtained permission from your university to participate in this internship?

 [Yes/No]

10. Relevant Coursework Completed:

 (List any courses relevant to mental health, counseling, psychology, or related fields)

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**Professional Experience**

11. Have you previously completed any internships or practicum experiences?

 [Yes/No]

12. If yes, please provide details:

Organization Name:

Duration:

Supervisor’s Name and Contact Information:

Summary of Duties and Responsibilities:

13. Please describe any other relevant work or volunteer experience in the mental health or counseling field:

Organization Name:

Position Title:

Duration:

Summary of Duties and Responsibilities:

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**Skills and Competencies**

14. Rate your proficiency in the following areas with a check mark:

 (1 = No experience, 5 = Highly proficient)

 Conducting Intakes and Diagnostic Assessments:

 [1] [2] [3] [4] [5]

 Writing Clinical Documentation:

 [1] [2] [3] [4] [5]

 Providing Face-to-Face Therapy:

 [1] [2] [3] [4] [5]

 Providing Telehealth Therapy:

 [1] [2] [3] [4] [5]

 Cognitive Behavioral Therapy (CBT):

 [1] [2] [3] [4] [5]

 Solution-Focused Brief Therapy (SFBT):

 [1] [2] [3] [4] [5]

 Psychodynamic Therapy:

 [1] [2] [3] [4] [5]

 Acceptance and Commitment Therapy (ACT):

 [1] [2] [3] [4] [5]

 Cultural Competence in Counseling:

 [1] [2] [3] [4] [5]

15. What additional skills or competencies do you bring to this internship?

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**Motivation and Goals**

16. Why are you interested in completing your internship at Azz-ert Urself! Inc.?

 (Please provide a detailed response outlining your motivation for applying to this program.)

17. What are your short-term and long-term career goals in the mental health field?

 (How do you see this internship contributing to those goals?)

18. Describe a challenging situation you have faced in a professional or academic setting and how you handled it.

 (What did you learn from the experience?)

19. What population(s) are you most interested in working with, and why?

 (e.g., first responders, healthcare workers, ethnic minorities)

20. How do you align with the mission and values of Azz-ert Urself! Inc.?

 (Please reference specific aspects of the organization's mission that resonate with you.)

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**Availability and Commitment**

21. Are you able to commit to the full duration of the internship, including all required supervision sessions?

 [Yes/No]

22. Are you willing to engage with the community as part of your internship responsibilities?

 [Yes/No]

23. Do you have any other commitments during the internship period that could affect your availability?

 [Yes/No]

 If yes, please explain:

24. Are you able to pay the $1,000 supervision fee before the start of the internship term?

 [Yes/No]

 If no, please explain your situation:

25. If you are not located near Azz-ert Urself! Inc., do you have a plan to complete face-to-face hours at an alternative site?

 [Yes/No]

 If yes, please provide details of the alternative site:

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**References**

26. Please provide contact information for three professional or academic references:

Reference 1 Name:

 Relationship:

 Email:

 Phone Number:

Reference 2 Name:

 Relationship:

 Email:

 - Phone Number:

Reference 2 Name:

 Relationship:

 Email:

 Phone Number:

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**Final Statements**

27. Is there anything else you would like us to know about you or your application?

 (Feel free to provide any additional information that you believe is relevant.)

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Signature:

[Applicant Signature]

Date:

[Date of Submission]

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This application is designed to gather comprehensive information about the applicant's background, skills, and motivations, ensuring that candidates selected for the internship program are well-suited and committed to contributing to the organization's mission.