



APPLICATION FOR STUDENT INTERN PROGRAM

APPLICANT INFORMATION

Student Name:	
Student Email:	
Student Address:	
Student Phone number:	
How did you hear about us?	

EDUCATION AND INTERNSHIP

University:	
University point of contact or advisor email:	
Area of study:	
Degree being pursued:	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
Career goal:	
Anticipated internship start date:	
Anticipated internship end date:	
Total hours required for internship completion:	
Expected graduation date:	
Describe what population you are interested in working with:	
Preferred internship location:	<input type="checkbox"/> Thurston Co <input type="checkbox"/> Mason Co <input type="checkbox"/> Either

CURRENT AND PREVIOUS INTERNSHIPS

Agency	Agency Supervisor	Dates of Internship	Brief Description of Job Responsibilities

SCHEDULE AVAILABILITY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 7am- 3pm	<input type="checkbox"/> 7am- 3pm	<input type="checkbox"/> 7am- 3pm	<input type="checkbox"/> 7am- 3pm	<input type="checkbox"/> 7am- 3pm	<input type="checkbox"/> 7am- 3pm	<input type="checkbox"/> 7am- 3pm
<input type="checkbox"/> 8am- 6pm	<input type="checkbox"/> 8am- 6pm	<input type="checkbox"/> 8am- 6pm	<input type="checkbox"/> 8am- 6pm	<input type="checkbox"/> 8am- 6pm	<input type="checkbox"/> 8am- 6pm	<input type="checkbox"/> 8am- 6pm
<input type="checkbox"/> 10am- 8pm	<input type="checkbox"/> 10am- 8pm	<input type="checkbox"/> 10am- 8pm	<input type="checkbox"/> 10am- 8pm	<input type="checkbox"/> 10am- 8pm	<input type="checkbox"/> 10am- 8pm	<input type="checkbox"/> 10am- 8pm
<input type="checkbox"/> Any shift	<input type="checkbox"/> Any shift	<input type="checkbox"/> Any shift	<input type="checkbox"/> Any shift	<input type="checkbox"/> Any shift	<input type="checkbox"/> Any shift	<input type="checkbox"/> Any shift
<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Unavailable

SUPPLEMENTAL QUESTIONS

1. Please describe what influenced your decision to pursue a career in behavioral health.

2. Please describe the clinical skills you hope to develop in this internship.

APPLICATION SUBMISSION

To complete your application for internship, please ensure the following documents are submitted.

- Cover Letter
- Current Resume
- Application for Student Intern Program

Submit completed application: erica.dennehy@tmbho.org

For general information:
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