



Allies for Every Child – Mental Health Program Intern Application

Instructions:

1. Please complete all parts of this application form (even if it duplicates information contained in your resume).
2. Please attach a resume to this application.
3. Please complete the Availability Schedule on the last page and return it with your packet.

Name: _____ Date: _____

Address: _____ Zip: _____

Phone: _____ E-mail Address: _____

Current Degree Program: MFT Program MSW Program

Languages Spoken (Note: *Only indicate languages other than English in which you are fluent.*)

General Information:

Service Location

Services are provided primarily in the home; however, some services may be provided at Allies' Early Education site: 12120 Wagner St. Culver City, CA 90230, or Administration and Child Welfare Site: 5721 W. Slauson Ave. Culver City, CA 90230

Expected Time Commitment

MFT trainees will be expected to commit 20 hours/week for a 10-12 month commitment. Due to different program requirements, MSW Trainees/Interns will be expected to make a 9-10 month commitment at 16 hours per week.

Education

Graduate School: _____

Degree _____ Year completed/expected: _____

Undergraduate School: _____

Degree _____ Year completed _____

Additional Qualification/Expertise (*Trainings, certifications, relevant volunteering, etc.*)

References (by including them here, you are providing your permission for us to contact them; do not include personal therapists):

Name: _____ Relationship: _____ Phone: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____ Email: _____

Statement of Interest

Please choose at least one question to answer. Check the box(es) for the question(s) you are answering and use the space below:

- Reason(s) for applying for a traineeship at Allies for Every Child.
- Describe your particular interest in one or more of the following: 1) Early Childhood Mental Health 2) Trauma Informed Care 3) Adverse Childhood Experiences 4) Working with At-Risk Populations
- Describe the benefits of providing in-home and/or community based mental health services.
- Describe why personal therapy may be beneficial for therapists.

Your signature below indicates that you have answered all of the above questions fully and to the best of your knowledge; that you have read and understand the expected time commitment; and that you grant permission to Allies for Every Child to contact your references and to verify any information provided in this application.

Signature

Date

Please submit this application and your resume to:

Adriana Cuestas, PsyD
Director Early Childhood Mental Health
Clinical Services

Email: acuestas@alliesforeverychild.org

5721 W. Slauson Ave., Suite 200
Culver City, California 90230



Availability Schedule

Name: _____

Degree Program: MFT MSW

*** Please mark all time slots in which you are available. Please remember that some evenings and weekends will be required, based on client availability.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00-9:00						
9:00-10:00						
10:00-11:00						
11:00-12:00						
12:00-1:00						
1:00-2:00						
2:00-3:00						
3:00-4:00						
5:00-6:00						
6:00-7:00						
7:00-8:00						
8:00-9:00						