



# WENDT CENTER FOR LOSS AND HEALING

Primary Contact Number

Secondary Contact Number:

Name of Graduate School:

Name of Field Advisor:

Expected Degree:

Expected Graduation Date:

Please indicate if you are able to communicate *fluently* in any language in addition to English (please specify language):

Are you currently a Wendt Center  client  volunteer or  neither?

How did you first hear of the Wendt Center?

Do you know anyone currently working at the Wendt Center  Yes  No If yes, whom?

Do you have any special needs we should know about?  Yes  No If yes, please explain

When would you be available to begin your internship?

What days of the week (**no weekends**) and times are you available to be at the Wendt Center for a 20 plus hour a week internship? **Please include days of week, times during day and evenings, and if your schedule is likely to remain the same during second semester.**

OR a 40 plus hour a week block placement (**no weekends**) in the fall/spring or summer? **Please include days of week, times during day and evenings.**

**(Please note interns are expected to be present and to participate in clinical meetings, peer group, and trainings on Wednesdays from 9:00am/10:30am to 12:00pm at the North West Location.)**

First, review *Our Services* at [www.wendtcenter.org](http://www.wendtcenter.org) for program and location details. Then, rank order programs or locations to reflect your preferences (1 = first choice).

**NOTE: Regardless of preference, you must be able to work at any Wendt Center location.**

PROGRAM/LOCATION	Rank Order (1-7)	COMMENTS:
Wendt Center Northwest		
Wendt Center Southeast		
RECOVER/OCME		
Resilient Scholars (school-based & home visits)		
Macro Practice/Administration		



Please attach a copy of your resume that highlights both your work and volunteer experience.

Please provide the following information for three professional references:			
	Name	Address	Phone Numbers
Professional			
Professional			
Professional			

In a separate document please write a brief statement that addresses the following:

1. Apart from what is outlined in your resume, is there any other clinical and/or volunteer experience with grief, bereavement, and trauma you wish to inform us of?
2. What clinical experience have you had to date? Please specify children, adolescents and/ or adults in your answer. Which populations would you like to work with? Why?
3. What is your interest in the grief and trauma field?
4. Have you recently experienced a loss?  Yes  No If yes, when
5. How have you personally addressed past traumas, losses and death?
6. How do you define your own self care? Please be as specific as possible.
7. What challenges do you anticipate in supporting people through the process of decedent identification at the Office of the Chief Medical Examiner who have come to view a photograph of a deceased loved one?
8. What is your experience with play therapy, sand tray techniques and/or art therapy and TF-CBT and TA-FC ?
9. What do you hope to learn from this internship experience? What are your goals? How did your goals inform your preferences, especially your first choice, in terms of Wendt locations and programs?
10. What do you hope to give to the Center during your internship?



**INTERN CRIMINAL BACKGROUND CHECK  
RELEASE AND AUTHORIZATION FORM**

I hereby authorize the Wendt Center for Loss and Healing or other authorized representatives of the organizations bearing this release, or copy thereof, to obtain any information pertaining to criminal and/or civil court records. I hereby direct you to release such information to the Wendt Center for Loss and Healing or other authorized representative of the organization.

I hereby fully release and discharge the Wendt Center for Loss and Healing, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for intern/volunteer purposes.

Name: First, Middle, Last:

Current Address:

City:            State:            Zip code:

How long have you lived at this address?

Previous Address (if less than one year at above address):

City:            State:            Zip code:

Other Name / Alias / Maiden Name:

Date of Birth:            Social Security #:

**Have you ever been convicted of any crime, including sex-related or child-abuse related offenses?**  
 No  Yes. **If yes, please provide detailed explanation:**

I declare the above information to be true and accurate.

Name:

Date: