2020 – 2021 Graduate **Social Work** Internship Application

The Wendt Center accepts applications from currently enrolled social work graduate students who: 1) can work at least 20/24/30 hours a week depending on institutional requirements for an eight/nine month period; 2) are committed to deepening their clinical and/or macro work in grief, trauma and bereavement; 3) are a second year Master Level **Social Work** student looking to do their advanced field placement; and 4) are able to handle an intense, diverse and challenging caseload. It is expected that all prospective candidates will be available to work with the Resilient Scholars Project (RSP) at various school sites and/or community locales (libraries, homes etc.). In addition, Graduate Interns may be selected to also see individual clients at Wendt Center office locations and schools, including co-facilitating groups with clients of all age ranges.

**PLEASE NOTE THAT RSP SCHOOL-BASED SERVICES (GROUP AND INDIVIDUAL THERAPY) REQUIRE INTERNS TO BE AVAILABLE DURING MOST WEEKDAYS, TUESDAY THROUGH THURSDAY. MANY WENDT CENTER OFFICE-BASED GROUPS REQUIRE DAYTIME AND EVENING HOURS.**

Please send completed applications to [internship@wendtcenter.org](mailto:internship@wendtcenter.org) by **January 31, 2020**.

**All information contained in this application will be kept strictly confidential.**

First Name:       Last Name:

Name of Graduate School:       Expected Degree:

Name of Field Advisor:       Expected Graduation Date:

Address:       Apt. #:

City:       State:       Zip:

Primary Contact Number       Secondary Contact Number

E-Mail Address:

**Does your social work program have any REQUIREMENTS FOR DIRECT CLIENT HOURS? If so please, specify here:**  Yes  No If yes, please specify

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, 24 or 30 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**.

(NOTE: *Interns are expected to be present and to participate in clinical meetings, peer group, and trainings on Wednesdays from 9:00 am to 12:00 or 1:00 pm at the Northwest Location*.)

**You need to have a car or access to one for use throughout your internship. Do you have use of a car**?

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

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| --- | --- | --- | --- |
| **REFERENCES:** Please attach 3 professional, written references. Additionally, please provide the contact information for these same three references below: | | | |
| **Name** | **Relation** | **Phone Number & Extension** | **Email** |
|  |  |  |  |
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First, review *Our Services* at 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 (1-6)** | **COMMENTS:** |
| Wendt Center Northwest |  |  |
| Wendt Center Southeast |  |  |
| Resilient Scholars Project School-Based Services |  |  |
| Resilient Scholars Project  Home/Community-Based Services |  |  |
| Macro Practice/Administration |  |  |

**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? Do you have experience providing group or individual therapy? 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 is your experience with play therapy, TF-CBT, or TA-FC? Do you have experience with any other specific therapeutic techniques/models?
8. 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?
9. 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: