



## Counseling Internship Program Application

### **1. Contact Information**

Name (Last, First, Middle):		Date:	
Present street address:		City:	State:      Zip:
Cell phone:	Other phone:	E-mail address:	
What requirements do you need in a supervisor?	Please indicate what you are looking for:  <input type="checkbox"/> Practicum <input type="checkbox"/> Internship		
Expected date of graduation:	How many direct client hours will you need?  How many indirect hours will you need?		

### **2. Education**

List the schools and/or educational organizations you have attended, beginning with your most recent:

Name of School or Organization	Location	Dates Attended	Years Completed

### **3. Previous Internships or Employment**

Provide a list of previous employers. Please include all paid and unpaid positions in the order they occurred. Please continue list on separate sheet of paper. If possible please obtain a letter of recommendation from previous supervisors.

Internship or Employer	Address	Dates of Employment	Position Held
1. Name:	Address:	From:      To:	Title:
Duties performed:			Contact as reference (Y/N)
2. Name:	Address:	From:      To:	Title:
Duties performed:			Contact as reference (Y/N)

**4. Career Goals & Learning**

Please describe 1) your career goals, 2) why you are interested in the counseling field 3) what you are hoping to gain from your internship here.

**5. Please list any specific requirements for your internship (specific homework assignments/group leadership experience, etc.):**

**6. Availability**

Please list what your daytime and evening availability is throughout a given week.

**7. Previous Convictions**

Have you ever been convicted of an offense related to the job for which you are applying or convicted of a crime other than a minor traffic violation in the past 7 years?

Yes     No

If yes, please explain. Conviction will not necessarily bar you from this internship.

**11. Application Verification**

**THIS FORM IS NOT VALID WITHOUT YOUR SIGNATURE. PLEASE READ BEFORE SIGNING: The statements above are true to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Confidentiality & Ethical Agreement

This confidentiality agreement made between the CCC Counseling Center (80 Memorial Drive, Pinehurst, NC 28374)/Christ Community Church (220 Campground Rd., West End, NC 27376) and the signee below, will serve as notification of the Care Ministries expectations of how an intern should handle confidential information, as well as observation of ethical standards and will serve as a binding commitment. Failure to comply with these standards could result in termination of duties within the ministry.

I commit to:

- Hold in confidence (outside of supervision) all information disclosed by a client while in session.
- Leave all written documentation within client's chart, which remains at the counseling center at all times.
- Treat client's private information as if it were your own.
- Treat each individual with respect and dignity, especially if their views differ from yours.
- Be aware of dual relationships within the Counseling Ministry: we are to be connectors to resources, not personally taking on the needs of each client as friend, mentor, or "savior".
- Maintain high standards of integrity in your dress, speech and work.

A national criminal background and sex offender registry check is necessary for any volunteer who is interested in serving in a ministry with children, youth, or any vulnerable adult population. My signature below evidences my consent for CCC to conduct the necessary background check(s) in order for me to serve as a volunteer. I understand that a Summary of My Rights Under the Fair Credit Reporting Act (FCRA) is available for my review and copies are available from the HR Coordinator's office.

I have read and understand the information noted above.

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Signature

Date

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Printed Name

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Social Security Number