



## 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.

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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:**

Michelle Schafer, LMFT  
Director of Family and Community Wellness  
Email: MSchafer@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						