

## <u>2016 – 2017 School Year Graduate Internship Application</u>

The Wendt Center accepts applications from potential graduate school students who: 1) can work at least 20 hours a week for an eight/nine month period or an intensive 40 hours a week block placement for three months during the summer; 2) are committed to deepening their clinical and/or macro work in grief, trauma and bereavement; 3) are second year Master Level students or higher looking to do their advanced field placement, and 4) are able to handle an intense, diverse and challenging caseload. It is expected that prospective candidates will be available to work with <u>one or more</u> programs at various Wendt Center locations <u>including</u> the RECOVER Program housed at the Consolidated Forensic Laboratory.

Please send completed applications to <u>internship@wendtcenter.org</u> or by fax to (202) 624-0062, Attention: Intern Coordinator.

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

Date:				
Last Name:				
First Name:				
Address:				
Apt. #:				
City:	State:	Zip:		
County (where applical	ble):			
Primary Contact Numb	er			
Work Phone/Extension	:			
Secondary Contact Nur	mber			
E-Mail Address:				
Emergency Contact Na	me:	Relationship:		



Primary Contact Number	Sec	ondary Contact Number:		
Name of Graduate School:	Name	of Field Advisor:		
Expected Degree:	Expect	ed Graduation Date:		
Please indicate if you are able to communicate <i>fluently</i> in any language in addition to English (please specify language:				
Are you currently a Wendt Centerclient volunteer or neither?				
How did you first hear of the Wendt Center?				
Do you know anyone currently working at the Wendt Center \( \text{Yes} \) No \( \text{If yes, whom?} \)				
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?				
·	e include days of w	ou available to be at the Wendt Center for a 20 eek, times during day and evenings, and if your mester.		
OR a 40 plus hour a week block placement in the summer?				
•		participate in clinical meetings, peer group, o 12:00pm at the North West Location)		
First, review <i>Our Services</i> at ww	w.wendtcenter.or	g for program and location details. Then,		
rank order programs or locations	s to reflect your pr	eferences (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 North West				
Wendt Center South East				
RECOVER/OCME				
Resilient Scholars (school-based)				
Covenant House				
Macro Practice/Administration				
Domestic Violence Intake Center				



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

	Ple	ase provide the followi	ng information for three profess	ional references:
		Name	Address	Phone Numbers
Profes	ssional			
Professional				
Profes	rofessional			
In a se	parate do	ocument please <u>write</u>	a brief statement that addre	sses the following:
1.	•	•	our resume, is there any other clinent, and trauma you wish to info	
2.			ou had to date? Please specify chi Which populations would you like	
3.	What is y	our interest in the grief	and trauma field?	
4.	Have you	ı recently experienced a	loss?  Yes  No If yes, v	vhen
5.	How have	e you personally addres	sed past losses and death?	
6.	How do y	ou define your own self	f care? Please be as specific as po	ossible.
7.	decedent	• •	te in supporting people through the insupporting people through the fice of the Chief Medical Examination of the content of th	•
8.	What is your experience with play therapy, sand tray techniques and/or art therapy?			
9.	did your		this internship experience? What rences, especially your first choic	
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 Ac	ddress:	
City:	State:	Zip code:
How long	have you lived	at this address?
Previous A	ddress (if less	than one year at above address):
City:	State:	Zip code:
Other Nan	ne / Alias / Ma	iden Name:
Date of Bir	rth: So	cial Security #:
		evicted of any crime, including sex-related or child-abuse related offenses lease provide detailed explanation:
I declare tl	ne above infor	mation to be true and accurate.
Name:		Date: