

UBHC Student Intern Interest - Form A

Name:						
Address:						
Phone Number:	E-mail Address:					
Name of School/Program:	Academic Year/Semester for Field Placement:					
	Approximate Start Date: Approximate End Date:					
Number of Hours per Week Needed for Field Placement:	School Field Office Contact Name:					
	School Field Office E-mail Address:					
<p style="text-align: center;">Current Social Work Program Standing (check all that apply):</p> <p><input type="checkbox"/> 1<sup>st</sup> year MSW            <input type="checkbox"/> Online</p> <p><input type="checkbox"/> 2<sup>nd</sup> Year MSW            <input type="checkbox"/> Advanced Standing</p> <p><input type="checkbox"/> Weekend Intensive</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p style="text-align: center;">Other Programs:</p> <p><input type="checkbox"/> Art Therapy</p> <p><input type="checkbox"/> Nursing</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Pharmacy</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">Schedule Needs/Preferences:</p>				
Describe previous relevant volunteer positions, internship(s) or social work experience:						
<p>Check age areas of interest for internship (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Children/Adolescents (Youth)  <input type="checkbox"/> Adults  <input type="checkbox"/> Older Adults         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Outpatient Mental Health (Outpatient/IOP)  <input type="checkbox"/> School based counseling (Youth)  <input type="checkbox"/> Day school (Youth)  <input type="checkbox"/> Adult Partial Hospitalization         </td> </tr> </table> <p>Check subject/setting areas of interest for internship:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Mental Health  <input type="checkbox"/> Substance Abuse  <input type="checkbox"/> Inpatient Mental Health  <input type="checkbox"/> Residential (Adult)  <input type="checkbox"/> Residential (Child)         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> In home therapy (Youth)  <input type="checkbox"/> Crisis Clinic/Screening  <input type="checkbox"/> Mobile Response (Youth)  <input type="checkbox"/> Other (specify): _____         </td> </tr> </table>			<input type="checkbox"/> Children/Adolescents (Youth) <input type="checkbox"/> Adults <input type="checkbox"/> Older Adults	<input type="checkbox"/> Outpatient Mental Health (Outpatient/IOP) <input type="checkbox"/> School based counseling (Youth) <input type="checkbox"/> Day school (Youth) <input type="checkbox"/> Adult Partial Hospitalization	<input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Inpatient Mental Health <input type="checkbox"/> Residential (Adult) <input type="checkbox"/> Residential (Child)	<input type="checkbox"/> In home therapy (Youth) <input type="checkbox"/> Crisis Clinic/Screening <input type="checkbox"/> Mobile Response (Youth) <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Children/Adolescents (Youth) <input type="checkbox"/> Adults <input type="checkbox"/> Older Adults	<input type="checkbox"/> Outpatient Mental Health (Outpatient/IOP) <input type="checkbox"/> School based counseling (Youth) <input type="checkbox"/> Day school (Youth) <input type="checkbox"/> Adult Partial Hospitalization					
<input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Inpatient Mental Health <input type="checkbox"/> Residential (Adult) <input type="checkbox"/> Residential (Child)	<input type="checkbox"/> In home therapy (Youth) <input type="checkbox"/> Crisis Clinic/Screening <input type="checkbox"/> Mobile Response (Youth) <input type="checkbox"/> Other (specify): _____					
Briefly describe interests or strengths you have that will enhance your placement:						
Briefly describe the skills you hope to develop in field placement and your future professional goals:						