

Aspen Counseling and Wellness

Practicum and Internship Application

Date: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Have you ever worked for this company? YES NO
 If yes, when? _____

Have you ever been convicted of a
felony? YES NO

If yes, explain: _____

Education and License

College: _____

From: _____ To: _____ Did you graduate? YES NO

Degree: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO

Degree: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO

Degree: _____

Professional License Type: _____ State Licensed: _____

License Number: _____ Expiration Date: _____

Additional Training/Certifications: _____

Conferences, publications, presentations: _____

Counseling Experience

Company/Organization: _____ Phone: _____

Address: _____ Supervisor: _____

Title: _____ May we contact the supervisor?
 YES NO

From: _____ To: _____

Reason for leaving?: _____

Responsibilities: _____

Company/Organization: _____ Phone: _____

Address: _____ Supervisor: _____

Title: _____ May we contact the supervisor?
 YES NO

From: _____ To: _____

Reason for leaving?: _____

Responsibilities: _____

Company/Organization: _____ Phone: _____

Address: _____ Supervisor: _____

Title: _____ May we contact the supervisor?
 YES NO

From: _____ To: _____

Reason for leaving?: _____

Responsibilities: _____

Relevant Experience

Company/Organization: _____ Phone: _____

Address: _____ Supervisor: _____

Title: _____ May we contact the supervisor?
 YES NO

From: _____ To: _____

Reason for leaving?: _____

Responsibilities: _____

Company/Organization: _____ Phone: _____

Address: _____ Supervisor: _____

Title: _____ May we contact the supervisor?
 YES NO

From: _____ To: _____

Reason for leaving?: _____

Responsibilities: _____

Company/Organization: _____ Phone: _____

Address: _____ Supervisor: _____

Title: _____ May we contact the supervisor?
 YES NO

From: _____ To: _____

Reason for leaving?: _____

Responsibilities: _____

Availability

I understand that Aspen Counseling and Wellness may have mandatory meetings, date forthcoming.

Initial _____

Day	Start	End	Day	Start	End
Monday	_____	_____	Thursday	_____	_____
Tuesday	_____	_____	Friday	_____	_____
Wednesday	_____	_____	Saturday	_____	_____

Supplemental Questions

What population would you like to serve? _____

Why? _____

Are there any populations that you do not want to serve? _____

Why? _____

How have you dealt with trauma in your life? _____

How have you dealt with conflict in your life? _____

How have you dealt with grief in your life? _____

Do you feel that there are any unresolved concerns in your life that could limit your ability to serve certain populations? _____

What is your theoretical orientation? _____

Why do you believe you will be a good fit for Aspen Counseling and Wellness? _____

Do you speak more than one language?

NO YES: _____

Reference Information

List three reliable individuals – other than relatives – who are familiar with your qualifications and characteristics.

The following people should be those whom you ask to complete an Aspen Counseling and Wellness Reference Form for you (three forms are enclosed at the end of this application). One reference must be a professor from your current field of study.

NAME	FULL ADDRESS (Street, City, State, Zip)	PHONE NUMBER	RELATIONSHIP TO YOU

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my rejection as an intern or practicum trainee.

I give permission for Aspen Counseling and Wellness to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a position. I also understand that as long as I remain an intern or practicum trainee at Aspen Counseling and Wellness, a criminal history check may be repeated.

I give my permission for Aspen Counseling and Wellness to release my phone number and e-mail address to other Aspen Counseling and Wellness staff, interns, and practicum trainees.

Signature: _____

Date: _____

Print Name: _____

Confidentiality Agreement

Aspen Counseling and Wellness requires that all client information be handled in a private, confidential manner. Client information is maintained in secure storage. Client records are to be appropriately secured when in the possession of an authorized person. Interns and practicum trainees are not to take case notes or any identifying information on Aspen Counseling and Wellness's clients off the premises.

Information about clients, including identification of participation in Aspen Counseling and Wellness services, will be released only with the written consent of the individual or legal guardian of the person involved. Legal or regulatory guidelines provide the only exceptions to this policy. The Executive Director is the only individual with the authority to release confidential information. Interns and practicum trainees are not to discuss or identify families or individuals receiving Aspen Counseling and Wellness services or provide information on individual or group sessions to anyone outside of the organization.

I agree to adhere to the organization's Policies and Procedures with respect to the privacy of the individuals and families who receive services from Aspen Counseling and Wellness.

Signature: _____

Date: _____

Print Name: _____

Media Authorization

Name: _____ Phone: _____

Please Print

Address: _____

Please read the following and indicate your authorization by signing below:

- I hereby authorize Aspen Counseling and Wellness to take photographs and/or films (including film photography, digital photography, cinematography, videography), artwork, and audio of the person(s) named above. I understand that photographs, films, audio, and artwork may be taken individually or as a part of a group.
- I understand and agree these photographs, films, (including photography, digital photography, cinematography, videography), artwork, and audio may be used by Aspen Counseling and Wellness staff and representatives for any of the following purposes: educational, information, training, promotional, fundraising, or any other purpose deemed appropriate by Aspen Counseling and Wellness including, but not limited to, videotapes, pamphlets or brochures. Aspen Counseling and Wellness may use these photographs, and/or films, artwork or audio without compensation of any kind to the person(s) named above.
- By signing this release, I agree that Aspen Counseling and Wellness shall have the right to use the photographs, other images, artwork, and audio in educational, promotional, or fundraising materials. I acknowledge that Aspen Counseling and Wellness will have all rights of copyright in and to such photographs, videos, audio, and artwork and may use such copyright fully. I also release Aspen Counseling and Wellness and its officers, agents, and employees from all liabilities connected with the taking and use of these materials as authorized by Aspen Counseling and Wellness. In addition, I waive all rights or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, and the furtherance of the goals of this institution or other lawful purposes.
- I understand this release does not affect my participation in Aspen Counseling and Wellness's program.

I hereby state I have read this form and I understand its contents. I agree to all the terms herein.

Signature: _____

Date: _____

Intern and Practicum Trainee Release

Training with Aspen Counseling and Wellness is an opportunity for the intern/practicum trainee to gain experience in individual and group counseling and to serve the community. Intern and practicum trainees with Aspen Counseling and Wellness are not entitled to compensation for any service rendered to Aspen Counseling and Wellness, including consideration for employment.

Name: _____ Phone: _____

Please Print

Address: _____

I, _____, agree to perform such work and tasks at Aspen Counseling and Wellness, as may be required of me. I agree to abide by all of the policies and procedures applicable to interns and practicum trainees at Aspen Counseling and Wellness and to work at the direction of Aspen Counseling and Wellness staff. I understand and agree that working at Aspen Counseling and Wellness is a privilege that may be withdrawn at any time by Aspen Counseling and Wellness, with or without cause, in the sole discretion of the management of Aspen Counseling and Wellness.

I hereby expressly release, discharge and acquit Aspen Counseling and Wellness and all of its officers, directors, employees, contractors, concessionaires, agents and assigns from any and all claims or liability, whether known or unknown, at law or in equity, arising from, in connection with, or as a result of my work as a volunteer which may have arisen now or may arise in the future, and I expressly indemnify and agree to hold harmless Aspen Counseling and Wellness, its officers, directors, contractors, concessionaires, agents, employees and assigns from any and all claims, whether general or specific, at law or in equity arising from or in connection with any work performed at Aspen Counseling and Wellness, or in any way connected with my work at Aspen Counseling and Wellness, whether alleged to have arisen in whole or in part as a result of my negligence or the sole negligence of Aspen Counseling and Wellness, its officers, directors, employees, contractors, concessionaires, agents and/or assigns. I agree that this release shall constitute a bar to recovery to any and all claims including those that may be brought on behalf of any minor on whose behalf I have signed on this form.

I understand and agree that Aspen Counseling and Wellness may make inquiry into my background, character and fitness for service as an intern or practicum trainee, and I authorize Aspen Counseling and Wellness to make such inquiry, and I release any person or entity responding to such inquiry from any liability in connection with any response made.

Signature: _____

Date: _____