

NEW BEGINNINGS COUNSELING CENTER

324 E. Carrillo Street, Suite C
Santa Barbara, CA 93101

INTERN/COUNSELOR APPLICATION

Along with this application, please attach a short narrative (1-3 pages) which explains your reasons for becoming a counselor and contains a biographic sketch, relevant experiences and your goals. This will be carefully evaluated.

Date of this Application: _____

Intern Reg. No. _____

| | |
|-------------------------------|---------------------------------|
| Name | _____ |
| Address | _____ |
| City | _____ |
| State | _____ |
| Zip Code | _____ |
| Email | _____ |
| Phone (day) | _____ |
| Phone (evening) | _____ |
| Cell/Pager # | _____ |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Date of Birth | _____ |
| Age | _____ |
| Marital Status | _____ |
| Children: How many | _____ |
| Ages: | _____ |
| Email Address | _____ |

In Case of Emergency Contact:

Name _____ Relationship _____ Phone _____

EDUCATION

Undergraduate School _____ Major _____ Date Graduated _____

Graduate School _____ Major _____ Date Graduated _____

Check here if already graduated. Grad Supervisor _____ Phone _____

Check here if working at another Intern site.

Location: _____ #Hrs/wk _____ Supervisor _____

Location: _____ #Hrs/wk _____ Supervisor _____

EXPERIENCE

Please list all relevant counseling experience below even though you have provided a vita.

1. Volunteer Paid Date Started: _____ Date Ended: _____

Reason for leaving _____

Agency Name _____

Types of Clients _____

Types of Counseling _____

NEW BEGINNINGS COUNSELING CENTER

324 E. Carrillo Street, Suite C
Santa Barbara, CA 93101

INTERN/COUNSELOR APPLICATION

EXPERIENCE

Please list all relevant counseling experience below even though you have provided a vita.

2. Volunteer Paid Date Started: _____ Date Ended: _____

Reason for leaving _____

Agency Name _____

Types of Clients _____

Types of Counseling _____

3. Volunteer Paid Date Started: _____ Date Ended: _____

Reason for leaving _____

Agency Name _____

Types of Clients _____

Types of Counseling _____

OCCUPATIONAL HISTORY

Please list most recent first; if you have need for more room list other jobs on reverse side.

Job Title _____ From _____ to _____ Phone _____

Company/Agency Name _____ Supervisor _____

Job Duties _____

Reason for Leaving _____

Job Title _____ From _____ to _____ Phone _____

Company/Agency Name _____ Supervisor _____

Job Duties _____

Reason for Leaving _____

TRAINING

Please list any other relevant training, workshops or courses taken

NEW BEGINNINGS COUNSELING CENTER

324 E. Carrillo Street, Suite C
Santa Barbara, CA 93101

INTERN/COUNSELOR APPLICATION

SKILLS

Please list any special skills, such as foreign language, sign language, etc.

SPECIALTY

List any therapeutic specialty that you have already developed:

1. _____

2. _____

3. _____

List any therapeutic specialties that you would like to develop at the Center:

1. _____

2. _____

3. _____

List populations and clients that you would most like to see:

1. _____

2. _____

3. _____

List those populations and clients that you would least like to see. Check those that you do not want to see:

1. _____

2. _____

3. _____

PERSONAL COUNSELING

Have you even had counseling before Yes No If so, briefly explain:

Dates: _____ Therapist: _____

NEW BEGINNINGS COUNSELING CENTER

324 E. Carrillo Street, Suite C
Santa Barbara, CA 93101

INTERN/COUNSELOR APPLICATION

REFERENCES

Please list at least four references who can attest to your counseling skills and ethics including school adviser.

Name: _____ Relationship: _____

Email address: _____ Phone: _____

Name: _____ Relationship: _____

Email address: _____ Phone: _____

Name: _____ Relationship: _____

Email address: _____ Phone: _____

Name: _____ Relationship: _____

Email address: _____ Phone: _____

LEGAL HISTORY

Have you ever been accused or convicted of a felony? Yes ____ No ____

Do you presently have any pending litigation? Yes ____ No ____

AGREEMENT AND UNDERSTANDING

PLEASE CAREFULLY READ THE "AGREEMENT AND UNDERSTANDING" ON THE NEXT PAGE BEFORE SIGNING AND MAKING YOUR COMMITMENT.

REMINDER: AS STATED ABOVE, PLEASE BE SURE TO INCLUDE A SHORT NARRATIVE (1-3 PAGES) WHICH EXPLAINS YOUR REASONS FOR BECOMING A COUNSELOR AND CONTAINS A BIOGRAPHIC SKETCH, RELEVANT EXPERIENCES, AND YOUR GOALS. THIS WILL BE CAREFULLY EVALUATED.

NEW BEGINNINGS COUNSELING CENTER

324 E. Carrillo Street, Suite C
Santa Barbara, CA 93101

INTERN/COUNSELOR APPLICATION

AGREEMENT AND UNDERSTANDING

I, _____, an applicant as a volunteer (non-paid) (please check one)
(PLEASE PRINT)
Intern or associate counselor (Counselor) at the New Beginnings Counseling Center (Center), hereby understand and agree to the following:

1. It is understood that the first few months at the Center will be provisional and that you will attend two hours per week of group supervision with your Clinical Supervisor. At the end of that period, if the Clinical Director feels that your work is satisfactory, you will be officially granted status and will change to an ongoing supervision group that meets for two hours each week.

Assignment to a particular supervision group is a three-way decision. The initial step is to discuss the supervision possibilities with the Clinical Director. Then schedule a meeting with the Supervisor. The final decision will be with the Supervisor. Your supervision process is periodically reviewed with the Clinical Director, and often shared with your school if you are enrolled in a curriculum.

Counselors will be eligible for individual supervision, in addition to group supervision, when they have completed 2 years or 600 hours of direct service at the Center. Individual needs will be taken into consideration.

Your work at the Center will be evaluated each year. Upon completion of this evaluation, which is a joint process between you and your Supervisor, you give a copy of the evaluation report to the Clinical Director and schedule an appointment with her/him within two weeks of completion to discuss the evaluation.

2. You agree to give a commitment of a least one year to the Center with a minimum of 30 days notice to terminate following said year of service. This notice to terminate must be in writing and given to the Clinical Director, with a copy to your Supervisor. If your work at the Center is satisfactory, which includes administrative as well as clinic work, you will be invited to stay beyond the original commitment.

Vacations must be requested of and agreed by the Clinical Director.

3. You agree to provide 6 clinical hours per week, unless otherwise arranged, and to attend two training sessions monthly, two hours of weekly group supervision and the monthly staff meetings. In addition, each Counselor agrees to provide three hours of administration help each week during the first year of service. Fees include a one time registration fee of \$150.

4. You agree to complete all forms, paperwork and other administrative tasks as required by the Center. You further agree not to enter into any contract to provide any forms to clients except those approved by the Center. These forms include, but are not limited to, well documented Intake assessments and ongoing client notes on each client, as well as termination forms.

5. You agree, except by agreement, not to see the Center's clients at any other place except at the official location of the Center, nor will you conduct phone counseling in lieu of the face-to-face counseling except in emergencies, in which case you will advise the Center of the phone session with an indicated fee charge.

NEW BEGINNINGS COUNSELING CENTER

324 E. Carrillo Street, Suite C
Santa Barbara, CA 93101

INTERN/COUNSELOR APPLICATION

AGREEMENT AND UNDERSTANDING

6. If you begin or currently have an internship elsewhere, the Center must first consent to such an internship to ensure that the Center's client services are being met. Such concurrent internship shall be approved by the Clinical Director.

7. Nothing in this agreement shall be construed as creating an employee/employer relationship. It is agreed that you are a volunteer of the Center and that there is no coverage provided for Worker's Compensation, health benefits, liability coverage for bodily injury or property damage to you. You further agree to indemnify and hold harmless the Center, Supervisors and Staff from any and all claims, suits or actions resulting from the work at the Center.

8. The Center will provide malpractice insurance to the extent provided by the Center's carrier, so long as you adhere to both Center policy and legal/ethical obligations for those clients provided by and seen at the Center.

9. You will maintain a telephone answering device at home at your expense. Please make sure the message is of professional caliber. You will also be given a voice mailbox at the Center for official business.

10. The Center will not confirm MFT, LCSW or Ph.D. hours or sign other documents until all administrative and paperwork tasks have been completed.

11. All clients acquired by the Center and assigned to you are clients of the Center. Upon termination of your tenure, all clients are to remain at the Center, with the exception that if serious clinical issues exist at the time of termination, you, your Supervisor, and the Clinical Director may need to discuss the Center releasing each client separately for you to take with you to a subsequent setting. Such decision is ultimately that of the Clinical Director, which will be based on the best interest of the client.

12. The Executive Director may amend or modify any of the terms of this agreement, but only to the extent that such amendment or modification is in writing.

13. This agreement may be terminated with 30 days notice by either party, but only to the extent of the provisions contained in section 2, paragraph 1, of this document, except that no notice need be given by the Center for violations of this agreement, ethics or law.

By my signature below: I agree to the conditions, financial responsibilities and Center procedures as listed in this agreement.

Printed Name _____ Date _____

Signature _____ Date _____