

# 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 # \_\_\_\_\_

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 \_\_\_\_\_

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### **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

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### SKILLS

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

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### 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 ever had counseling before Yes  No  If so, briefly explain:

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Dates: \_\_\_\_\_ Therapist: \_\_\_\_\_

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### 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 \_\_\_\_