|  |  |  |
| --- | --- | --- |
| Applicants must submit the following additional information:  Cover Letter  Current Resume  Two Letters of Recommendation  (1 academic and 1 non-academic professional)  Fall Semester Field Evaluation (For MSW Students Only) | Submit Completed Application Packet: | |
| By Email: | [BHSDIntern@hhs.sccgov.org](mailto:BHSDIntern@hhs.sccgov.org) |
|  |  |

# Applicant Information

*Please type or print legibly.*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | *Last* | *First* | *Middle Initial* |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Address: |  | |  |
|  | *Street Address* |  | *Apartment/Unit #* |
|  |  |  |  |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent Address: |  | |  |
|  | *Street Address* |  | *Apartment/Unit #* |
|  |  |  |  |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred Email: |  | | | |
| Permanent Email: |  | | | |
|  |  | | | |
| Best Phone # to contact you | |  | Home Phone Number: |  |
|  | |  |
|  | Cell Phone Number: |  |

# Education and Internship

***If not currently enrolled in university, you are not eligible for placement.***

BHSD Intern Program requires that you are enrolled in one of the programs BHSD has clinical affiliation with.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  |  |  |
| Name of School and Program: |  | | | | |
|  | | |  |  |  |
| Full time student in MSW or MFT/PCC graduate program? | | | Yes | No |  |
|  | | |  |  |  |
| List top 2 site preferences for  Academic Year 2024-2025: | | 1. 2. | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| School required field placement hours for the Academic Year 2024-2025: | | | Total: | |
|  | | | Direct Client Hours:  (For MFT/PCC) | |
|  | | | | |
| Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |

**Current and Previous Internships:**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency and Supervisor | Dates of Internship | Populations Served | Brief Description of  Job Responsibilities |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| I hereby give consent to the Student Intern Program Coordinator or appointed representative to contact current and previous internship agencies/organizations and supervisors | Yes | No |

# Experience

|  |  |
| --- | --- |
| **Cultural Competencies**  **(Your experience and training)** |  |

**Language Skills and Proficiency (Other than English):**

Please rate proficiency on a scale of **1** (low) to **5** (high).

*Please be aware that you will be tested.*

**5** – Excellent Ability, Experience, or Capacity

**4** – Above Average Ability, Experience, or Capacity

**3** – Some Ability, Experience, or Capacity

**2** – Little Ability, Experience, or Capacity

**1** – No Ability, Experience, or Capacity

Language 1 (Please Specify the language): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. Ability to clearly communicate in threshold or other needed language: \_\_\_\_\_\_\_\_ |
| 1. Ability to articulate behavioral health concepts in another language: \_\_\_\_\_\_\_\_ |
| 1. Ability to translate behavioral health written material into another language: \_\_\_\_\_\_\_\_ |
| 1. Experience with monolingual non-English speaking clients in a previous setting: \_\_\_\_\_\_\_\_ |

Language 2 (Please Specify the language): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. Ability to clearly communicate in threshold or other needed language: \_\_\_\_\_\_\_\_ |
| 1. Ability to articulate behavioral health concepts in another language: \_\_\_\_\_\_\_\_ |
| 1. Ability to translate behavioral health written material into another language: \_\_\_\_\_\_\_\_ |
| 1. Experience with monolingual non-English speaking clients in a previous setting: \_\_\_\_\_\_\_\_ |

**Knowledge and Experience with at risk, underserved and/or special populations:**

Please rate knowledge and experience on a scale of **1** (low) to **5** (high).

**5** – Excellent Ability, Experience, or Capacity

**4** – Above Average Ability, Experience, or Capacity

**3** – Some Ability, Experience, or Capacity

**2** – Little Ability, Experience, or Capacity

**1** – No Ability, Experience, or Capacity

|  |
| --- |
| Extent of prior experience working with monolingual non-English speaking clients/consumer? \_\_\_\_\_\_  Extent of prior experience with children in foster care or Juvenile Probation Department: \_\_\_\_\_\_ |
| Extent of experience with physically disabled populations with Serious Mental Illness: \_\_\_\_\_\_ |
| Extent of experience with unhoused populations: \_\_\_\_\_\_ |
| Extent of experience with other underserved or special populations: \_\_\_\_\_\_ |

# Statement of Purpose

|  |
| --- |
| Please write a brief, (350 words or less) essay, describing your personal and professional goals (other than obtaining your license). Include your interest, skills, and experience working with culturally and linguistically diverse, underserved populations. Include your efforts to help consumers within an organizational context. Comment on your reasons for selecting this location as a possible placement and the clinical skills you hope to develop. |

# Supplemental Questions

**Choose one of the two questions listed below and briefly respond (200 words or less).**

1. Who and what influenced your decision to pursue a career in community public behavioral health?

(i.e. Lived related experience or behavioral health related experience)

1. As the behavioral health system is in the process of being transformed to a wellness and recovery focused system, based on your knowledge, what are the challenges faced by the system to meet consumer needs?

# Disclaimer and Signature

I certify that the answers I have given in my completed application are true and correct to the best of my knowledge, and that I have not knowingly withheld facts or circumstances. I understand that all responses are subject to verification and any incorrect information will result in my application being disqualified.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

If you have any questions, please contact:

**Chiaki Nomoto, LMFT**

**Student Intern Program Manager**

**Behavioral Health Services Department**

**1075 E. Santa Clara St. 2nd Floor,**

**San Jose, CA 95116**

**Chiaki.nomoto@hhs.sccgov.org**

**Tel: (408) 792-3944 Fax: (408) 792-2158**