**DIRECTIONS**: After completing and signing this Application and the Release and Immunity Statement, please submit these forms, your resume and a cover letter to the AMCS Recruitment Coordinator. Upon request, please provide current transcript. Only applicants who have submitted all of the required documents will be considered for an interview.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name: |  |  | Social Security #: |  |
| Address: |  |  | Mobile phone: |  |
|  |  |  | Additional phone: |  |
|  |  |  | E-mail address: |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application for: | |  | Internship |  | Traineeship | |  | Practicum |  |  |  |
| Discipline: | |  | Ph.D./Psy.D. |  | MFT | |  | MCC |  | MSW |  |
| Anticipated Start Date: | | | |  | January | |  | August |  | Year: |  |
|  | |  |  |  |  | |  |  |  |  |  |
| In addition to English, are you fluent in another language? | | | | | | |  | Yes |  | No |  |
|  | If yes, please specify which language(s): | | | | |  | | | | | |
|  | Is fluency sufficient to use to assist during therapy? | | | | | |  | Yes |  | No |  |
|  |  | | | | | |  |  |  |  |  |

**College & Graduate Academic History** (*starting with most recent*): Please **DO NOT** indicate “see resume”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name  (Include City and State where located) | Degree/Emphasis | Graduated?  Yes No | | Graduation Date or  Expected Graduation Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Previous Training Sites** (*starting with most recent*): Please **DO NOT** indicate “see resume”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution Name & Address | Your Position Title | Supervisor Name & Phone # | Start  Date  (mo/yr) | End  Date  (mo/yr) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Previous Work History** (*other than training sites & starting with most recent*): Please **DO NOT** indicate “see resume”

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name & Address | Your Position Title | FT or PT | Start Date  (mo/yr) | End Date  (mo/yr) | Reason For Leaving |
|  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Please describe your **training goals** in 3-4 sentences: |  |
|  | |

**References** (within the past 5 years & familiar with your work/professional skills & starting with most recent):

|  |  |  |
| --- | --- | --- |
| Name | Relation to You | Contact Number |
|  |  |  |
|  |  |  |
|  |  |  |

Your signature on this application attests that all information provided her is accurate and true. Your signature also provides permission for AMCS staff to contact the references identified above. Additionally, your signature indicates that you understand that all participants in the AMCS training program are expected to:

1. Maintain a consistent, weekly schedule, including one weekend day (Saturday or Sunday) and one weekday evening until 9pm. The evening must be open for client sessions.
2. Work hours that meet the needs of AMCS.
3. Work a minimum of 16 hours per week.
4. Attend all mandatory in-service training seminars.
5. Not change assigned schedule without pre-approval of the Clinical Director
6. Satisfy all documentation requirements that are part of training at AMCS
7. Act in an ethical, competent and professional manner.
8. Comply with all licensing board regulations.
9. Comply with and follow all AMCS rules, policies and procedures.

I understand that an offer of a training position at AMCS may be revoked at any time if any statements made on this application are incorrect and/or if I am out of compliance with items 1-9 of this section.

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

**RELEASE AND IMMUNITY STATEMENT**

I hereby apply to Airport Marina Counseling Service (AMCS) to serve in the following capacity:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Trainee** |  | **Practicum** |  | **Associate** |  | **Intern** | |  | **Social Work Assoc.** |
|  |  |  |  |  |  |  |  | |  |  |
|  | **Psychology Asst.** |  | **Supervisor** |  | **Clinical Staff** |  | **Other:** |  | | |

In making this application to Airport Marina Counseling Service (AMCS), I hereby signify my willingness to appear for interviews with respect to my application. Additionally, related to this application, I authorize Airport Marina Counseling Service and their representatives to consult with administrators and members of professional staffs of other institutions or colleges/universities with which I have been associated, and with others, including past and present malpractice carriers who may have information bearing on my professional competence, character and ethical qualifications. I hereby release from liabilities all representatives of Airport Marina Counseling Service for their acts performed in good faith without malice in connection with evaluating my applications, my credentials and qualifications. I hereby release from any liability any and all individuals and organizations who provide information to Airport Marina Counseling Service or their professional staff in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges and hereby consent to the release of such information.

I understand and agree that I, as an applicant to Airport Marina Counseling Service have the burden of producing adequate information for the proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

I fully understand that any significant misstatements in, or omissions from the application constitutes cause for denial of appointment or cause for summary dismissal from the clinical training program or clinical position or any staffing position at Airport Marina Counseling Service. All the information submitted by me in this application is true to the best of my knowledge and belief.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |
| Printed Name: |  |  |  |  |