HopeTree
COUNSELING, LLC

To promote flourishing through attachment focused interventions and techniques.

Intern Application

Your School: ❏ Lipscomb   ❏ Trevecca   ❏ Belmont   ❏ Other (*Stop*: We aren't accepting interns from other schools)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____)_____ Email: _____

Preferred contact method (select one or both): ❏ Phone ❏ Email

Employer (if any): _____

Estimated graduation date: _____

Program track: ❏ *Counseling*   ❏ *Marriage and Family Therapy*   ❏ *Social Work*

Practicum start date: _____ Practicum end date: _____

Internship start date: _____ Internship end date: _____

Name of School Supervisor/Advisor/ Clinical coordinator: _____

Please describe your clinical interests and ways in which you anticipate a field experience at HopeTree Counseling to help you reach your professional goals?

Describe any skills / training that might further support your clinical work:

What do you hope to gain from your practicum and internship experience at HopeTree Counseling?

What types/ models of therapy are you most interested in learning more about?

What is your ideal work culture and what skills might you contribute to the HopeTree team?

Please indicate the population(s) you are most interested in working with:

❏ Adult individual   ❏ Marital/ Couples counseling   ❏ Group Therapy   ❏ Parents
❏ Teenagers   ❏ Family counseling   ❏ Children   ❏ Premarital counseling
                                                                         ❏ Other _____

Are there any known populations or clinical areas that you are not open or comfortable working with at this time?

Have you ever been convicted of a crime? ❏ No ❏ Yes If YES, please explain:

Are you willing to provide the necessary information and cooperate with a background check? ❏ No ❏ Yes

Please provide contact information of two individuals, not related to you, who can be contacted as a personal or professional reference (suggested: if able, list someone who already has a relationship with a HopeTree Counseling team member) :

1) Name: _____ Phone: (_____)_____Email:
Relationship to you:

2) Name: _____ Phone: (_____)_____Email:
Relationship to you:

_____   _____

　　　　　　　　　　　Applicant signature   Date

Once completed, attach to webform mentioned in Step 2 of the application process.