

Pathways For Change (PFC)

INTERN APPLICATION & DISCLOSURE STATEMENT

The information on this form will be used to match closely as possible your skills and interests with the Intern opportunities available in the Pathways For change Programs.

Applicant Information		
Last Name	First	Date
Local Address		Permanent Address
City	State	Zip
Phone	Cell Phone	
School		
Major:		Email Address:
Have you completed 18 semester hours or 30-quarter hours of graduate study including specific courses listed as prerequisites for clinical internship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of hours needed to complete your internship: Start Date: _____ End Date: _____		
Please Identify your interest in PFC: 		

Availability							
Please specify the days and time of your availability to Intern:							
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____							
Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please complete the following health questionnaire. If you have experienced or had problems with any illness in the past, please list. All information will be held in strict confidence and placed in file.

Personal History

Do you have any special needs to accommodate you in performing your Intern duties?

List all health problems you have experienced in the past?

List all allergies:

Are you presently under Doctor's supervision? If yes, please explain?

Are you taking and medications? If yes, please list:

Have you had any operations within the past 5 years? If yes, please explain.

Have you personally experienced any of the following issues:

Depression Anxiety Self-Injury Eating Disorder Abuse Suicide (attempted)
None of the above Other, Please specify:

If you checked any of the boxes for the previous question, please explain:

Have you ever been diagnosed or treated for any psychological disorder, if so for what? Did you ever take medication in response to this diagnosis?

If you answered yes to above question, please explain what your plan is for managing your condition while interning with us?

Are you currently or have you in the past received counseling from a professional counselor and/or mental Health professional? Please explain.

Please disclose when and for what period of time you were/have been under the care of a mental health professional. Was/Is the counseling experience for you positive, negative, or neutral? Please explain.

Have you dealt/worked with others who have struggled with depression, addiction, self-injury or suicide (friends, loved ones, or professionally)? Please explain.

Please list 3 activities/hobbies in which you are currently involved:

Please describe your personality

What would be your personal goals while Interning with PFC?

What defining attributes/skills would you bring to our Internship?

Have you ever plead guilty or “no contest,” received an adjudicated withheld judgment, or been convicted of a felony or misdemeanor under Florida law or any other state/country law? Yes No
If yes, please explain and include city/state, date and location of each offense:

Have you ever been convicted or had an administrative finding, of violating and law involving child abuse, sexual abuse, physical abuse, sexual harassment, exploitation, or any other crime related to children?

Yes No

If yes, please explain and include city/state, date and location of each offense:

Have you ever been subject of or listed as the perpetrator in a founded child abuse report? Yes No
If yes, please explain and include city/state, date and location of each offense:

Are you required to register as a sex offender with the Sex Offender Registry? Yes No

If yes, please explain and include city/state, date and location of each offense:

<p>Do you currently have charges pending or are there any ongoing investigations relating to any of the aforementioned? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain and include city/state, date and location:</p>		
Social Security Number:		
Date of Birth:		
Driver's License Number:	State Issued:	Exp Date:
Emergency Contact Name:	Phone Number:	
Relationship:		
Health Insurance Provider Name:	Phone Number:	

Disclaimer and Signature	
<p>I certify that my answers are true and complete to the best of my knowledge. I understand that any misrepresentation or material omission made by me on the application will be sufficient cause for cancellation of this application or immediate termination of my Intern assignment, whenever it may be discovered. I also give my permission to PFC to contact my physician if further information is needed.</p>	
Signature:	Date: