

East Bay Agency for Children Practicum Application

Your application is confidential. If you want to answer questions more extensively, please feel free to use additional paper.

PERSONAL INFORMATION

Name:	Date of Birth:
Current Address:	SS#:
Street	City or Country of Birth:
City	It is best to contact/leave messages for me at: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
Zip	
Home phone:	It is best to send email messages to <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> do <i>not</i> use email to contact me.
Work phone:	
Cell Phone:	
Home e-mail:	
Work e-mail:	

CURRENT EMPLOYMENT INFORMATION

Employer:	Your Title:
Supervisor:	Supervisor's phone:
May we contact your supervisor as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe your position:

EDUCATION

What is the highest level of education you have completed?		
Degree:	School:	Date:
Name of current University?		
Coordinator contact name:	Title:	
Phone number:	Email:	
When does semester begin?		
How many hours are you required to complete in your practicum if you are a trainee?		
Total #		
# of current client contact hours needed		
What license type is required for your supervision?		
What days are you available? <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri		

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PREVIOUS TRAINING

Have you participated in other internships? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list current or past internships below if not clearly listed on your resume	
Agency	Duty
Agency	Duty
Agency	Duty
Please describe experience, special training or skills you have in working with children.	

GENERAL INFORMATION

Is there anything likely to prevent you from keeping your academic year commitment (August to June) to train/intern?
Do you have a valid driver's license and reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Due to licensing and certification requirements, all new employees must undergo a California Dept. of Justice and FBI Live Scan clearance and/or Child Abuse Index Check.</i>
Do you speak any languages other than English? Language: What level? Language: What level?
How did you find out about EBAC's traineeship/internship program? Current trainee/intern: Internet Trainee Fair Client or former client Other

ADDITIONAL QUESTIONS

What are your personal thoughts and feelings about working with children and families who experience trauma in their families and communities?
How do you think you will manage the feelings associate with working with children and families who have been and are being traumatized?

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REFERENCES

Please list three professional references (three previous supervisors or professors):

One of the three references may be a written letter of recommendation.

Name: Address: City: State/Zip: Relationship to you:	Phone: Email if available: Agency/Organization:
Name: Address: City: State/Zip: Relationship to you:	Phone: Email if available: Agency/Organization:
Name: Address: City: State/Zip: Relationship to you:	Phone: Email if available: Agency/Organization:

Please indicate which program you desire to apply for by placing #1 by your first choice and #2 by your second choice:

School Based Behavioral Health Services

North Region South Region Circle of Care Illness and Grief Services

Intensive Counseling Services

Youth Empowerment Services (YES) Intensive Counseling Enriched (ICE)

Therapeutic Nursery School (TNS)

Signature (wet signature only) : _____

Date:

Please return application to EBAC Intern Program at: ebactraineeprogram@ebac.org