

PRACTICUM/INTERNSHIP STUDENT APPLICATION



For protection of our client's privacy, Family & Children's Services does not employ clients that are currently receiving treatment at one of our facilities. A current client is defined as someone who is currently being treated or who has been treated within the last two years for therapeutic services. This does not include persons who have attended our Family Life Education or Helping Children Cope with Divorce classes. If you have been treated by our agency in the last two years, please end this application process now. Thank you for understanding.

Name:	Date:
Home Address (line 1):	Address (line 2):
City/State:	Zip:
Home Phone:	Cell Phone:
Email:	Applying for:
University Attending:	Major:
Degree: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	Anticipated Graduation Date:
List all languages you fluently speak:	List all languages you fluently read and write:
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have car insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list the name of your university's internship/practicum contact person below.

Name:	Title/Position:
Phone Number:	Email:
Website (if applicable):	Mailing Address:
City/State:	Zip:

Check the area(s) you're interested in working. For program descriptions, visit our website at www.fcso.org/jobs/interns.

CLINICAL INTERNSHIP PROGRAMS

<input type="checkbox"/> Adult Mental Health Services	<input type="checkbox"/> Child Abuse and Trauma Treatment Program	<input type="checkbox"/> Child & Family Strengthening Center	<input type="checkbox"/> CrisisCare Center
<input type="checkbox"/> Community Outreach Psychiatric Emergency Services (COPES)	<input type="checkbox"/> Comprehensive Home Based Services (CHBS)	<input type="checkbox"/> Divorce Services	<input type="checkbox"/> Early Childhood Program
<input type="checkbox"/> Family Life Education	<input type="checkbox"/> Homeless Outreach	<input type="checkbox"/> Program of Assertive Community Treatment (PACT)	<input type="checkbox"/> Re-entry Intensive Care Coordination Team (RICCT)
<input type="checkbox"/> School Based Counseling	<input type="checkbox"/> Systems of Care	<input type="checkbox"/> Substance Abuse Services	<input type="checkbox"/> Women in Recovery

NON-CLINICAL INTERNSHIP PROGRAMS

<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Administration	<input type="checkbox"/> Communications/Development	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Support Specialist

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Practicum/Internship Requirements

We require that internships last the duration of the semester regardless of when the required number of hours have been completed. Please combine all semesters of internship into the totals below.

Total hours needed for practicum/internship:	Are you available to work evenings: <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours are you available per week?	Are you available on weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list the times you are available to work each week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Number of hours of supervision per week:						
Start Date for Practicum:						
End Date for Pracicum:						
School Documentation Required:						
Site Supervisor Credentials:						
Grade by Site Supervisor (pass/fail or letter grade):						
Malpractice/Liability Insurance (company and amount of coverage):						
Does your program require audio/video taping of clients? <input type="checkbox"/> Yes <input type="checkbox"/> No						

1. In a brief paragaph, please tell us a little bit about the type of work you would like to do with F&CS. If there is a particular area you have an interest in, please state it.
2. Educational Objectives for Internship:
3. List work or volunteer experiences with children and/or families.
4. Is there anything else you would like to share with us?
5. Is there any type of work you would be opposed to doing at F&CS?
6. Are you or your immediate family a client of F&CS in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No

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PROFESSIONAL OR ACADEMIC REFERENCES

Prefer work and school references (e.g. recent supervisors, department heads and former professors).

REFERENCE NO. 1
Contact Name:
Title:
Organization:
Phone:
Email:

REFERENCE NO. 2
Contact Name:
Title:
Organization:
Phone:
Email:

REFERENCE NO. 3
Contact Name:
Title:
Organization:
Phone:
Email:

REFERENCE NO. 4
Contact Name:
Title:
Organization:
Phone:
Email:

Please return this form to Shelly Moffitt via mail, email or fax. Be sure to attach a copy of your resume and cover letter with your completed application. Thank you for your interest.

Shelly Moffitt
Human Resources
Family & Children's Services
650 S. Peoria Avenue
Tulsa, OK 74120

P: 918.560.1306
F: 918.295.7763
E: smoffitt@fcsok.org

www.fcsok.org