



Trainee Application

Applicant Information

Full Name: _____ Date: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Education

School Name: _____ Program: _____

Have you completed Law & Ethics course or are currently enrolled? YES NO

If no, when will you take Law & Ethics? _____

Are you eligible for traineeship based on your school's requirements? YES NO

Date available to begin training: _____

Program Director: _____ Phone/Email: _____

Availability

*Please note: as most of our clients are children, the majority of our sessions take place during "after school" hours. Availability between 3pm and 9pm is essential. If you are not available at least 3 to 4 days a week during those times we regret that we will not be able to consider your application.

Monday YES NO Times: _____

Tuesday YES NO Times: _____

Wednesday YES NO Times: _____

Thursday YES NO Times: _____

Friday YES NO Times: _____

Saturday YES NO Times: _____

Are you available Fridays from 10:00am – 12:00pm for Group Supervision? YES NO

Are you able to commit one year as a Trainee at Child & Teen Counseling? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Additional Information

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you volunteered at a traineeship before? YES NO If yes, where? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you fluent enough to provide therapy in a language other than English? YES NO Language(s): _____

Have you received your own personal therapy or personal counseling? YES NO How Long? _____

Previous experience supporting children/teens/families: _____

You will need to bring and use your own reliable laptop computer for notes, scheduling, etc. Are you able? YES NO

You will need to have access to a reliable phone to contact clients. Do you have one? YES NO

Background Check

Please note that prior to bringing any trainee on board, since this position involves working with children and minors, Child & Teen Counseling requires a fingerprint background check in order to determine eligibility. This will occur after the interview process and prior to finalizing the position. You will be given a separate form in order to view and sign the details of this background check as part of the final interview process.

Fingerprint background checks must be paid for and completed by the applicant (prices may vary). More information will be included on the signed consent form at the final stages of the interview process.

Are you willing to undergo a background check prior to finalizing traineeship at Child & Teen Counseling? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to traineeship, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

*Please email completed and signed application to **Applications@ChildTeenCounseling.org***