



Trainee Application

				Applicant	Informat	tion				
Full Name:								Date:		
	Last			First			M.I.			
Address:	Street A	ddres	S						Apartment	:/Unit #
	City						State		ZIP Code	
Phone:				En	mail					
				Edu	cation					
School Name	e:			Program:						
Expected gra	duation o	late:								
Have you co	mpleted l	_aw &	Ethics course or	r are currently enrol	lled?	YES	NO			
If no, when v	vill you ta	ke Lav	v & Ethics?							
Are you eligil	ole for tra	ineesh	iip based on yου	ur school's requiren	nents?	YES	NO			
Date availab	le to begi	in train	ing:							
Program Dir	ector:									
between 3pr	n and 9p	m is es		dren, the majority or tre not available at l						
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?							
Are you able to commit one year as a Trainee at	t Child &	Teen	YES NO USE IN THE COUNSEING?				
		Refer	ences				
Full Name: Company: Address:			Dhone				
Full Name: Company: Address:			Relationship:Phone:				
Full Name: Company: Address:			Phone:				
	Addit	ional	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 lar	nguage	other th	YES NO □ □ Language(s):				
Have you received your own personal therapy o	r person	ıal cour	YES NO How Long?				
Previous experience supporting children/teens/fa	amilies:	_					
You will need to bring and use your own reliable	laptop	comput	er 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?							

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.

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

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