



Seattle Counseling Service

PROUDLY SERVING THE LGBT COMMUNITY SINCE 1969

Clinical Internship Application

Date: _____

Name: _____

Pronouns: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Graduate School: _____

Advisor's Name: _____ Phone: _____

Describe any client population requirements of your internship:

What hours are you available for your internship?

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Signed: _____

Date: _____

Return this application with your cover letter and resume to [hiring@seattlecounseling.org](mailto: hiring@seattlecounseling.org)