



SEATTLE  
COUNSELING  
SERVICE

## Clinical Internship Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Advisor's Phone Number: \_\_\_\_\_

Advisor's Email: \_\_\_\_\_

Describe any client population or other unique requirements for your internship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What hours do you expect to be available for your internship? *(SCS is open 8am-8pm Mon-Thurs and 8am-5pm on Fri. At least one evening shift until 8pm is expected.)*

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this application with your cover letter and resume to [Hiring@SeattleCounseling.org](mailto:Hiring@SeattleCounseling.org).*