



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.