



# Lighthouse Child & Family Services

## INTERNSHIP APPLICATION

### APPLICANT INFORMATION

**Full name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City, State, Zip Code

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### INTERNSHIP INFORMATION

**Have you ever worked or completed an internship with LCFS?**  Yes  No  
If yes, when? \_\_\_\_\_

**Are you a citizen of the United States?**  Yes  No  
If not, are you authorized to work in the United States?  Yes  No

**Have you ever been convicted of a felony?**  Yes  No  
If yes, please explain: \_\_\_\_\_

**How did you hear about this internship?**  
 University listing  Social media  Intern Fair  
 Friend/Colleague  Website  Other: \_\_\_\_\_

**School/University:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Internship Level:**  Bachelors  Masters ( Foundational /  Clinical)  Doctorate

**Anticipated graduation date:** \_\_\_\_\_

**Desired Internship start date:** \_\_\_\_\_

**Desired Internship completion date:** \_\_\_\_\_

**Hours per week:** \_\_\_\_\_

**Days/times available:** \_\_\_\_\_

**Supervision requirements (supervisor requirements, frequency, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_



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### Desired programs/locations

(Please mark your top 3 preferred)

Masters		Bachelors	
Locations:	<input type="checkbox"/> Milaca <input type="checkbox"/> Cambridge <input type="checkbox"/> Princeton <input type="checkbox"/> St. Cloud	Locations:	<input type="checkbox"/> Isanti County <input type="checkbox"/> Kanabec County <input type="checkbox"/> Mille Lacs County
Programs:	<input type="checkbox"/> School-based <input type="checkbox"/> Day Treatment <input type="checkbox"/> Outpatient <input type="checkbox"/> DBT	Programs:	<input type="checkbox"/> Community Skills <input type="checkbox"/> Day Treatment Skills <input type="checkbox"/> ARMHS

### Professional Interests (mark all that apply):

Early Childhood  
  Children  
  Adults  
  Families  
  Couples  
  Groups

### What Theoretical Orientation(s) might you wish to explore during your internship:

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### EMPLOYMENT HISTORY

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Job Duties:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
**May we contact this employer for a reference?**  Yes  No

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Job Duties:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
**May we contact this employer for a reference?**  Yes  No



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**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Job Duties:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
**May we contact this employer for a reference?**  Yes  No

### PROFESSIONAL REFERENCES

Please list three professional references that we may contact.

**Full name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Professional relationship:** \_\_\_\_\_

**Full name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Professional relationship:** \_\_\_\_\_

**Full name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Professional relationship:** \_\_\_\_\_

### MILITARY SERVICE

**Branch:** \_\_\_\_\_ **Service Dates:** \_\_\_\_\_  
**Rank at discharge:** \_\_\_\_\_  
**Type of discharge:** \_\_\_\_\_  
 If other than Honorable, please explain: \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship position, I understand that false or misleading information in my application or provided during my onboarding process may result in my release.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send this completed application along with your resume and cover letter via email to:**

Jennifer Goerger, LICSW, Clinical Director  
[jennifer@lighthouse.health](mailto:jennifer@lighthouse.health)