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## Counseling Internship Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

School Affiliation: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

### References:

1. Name:
  - a. Phone number:
  - b. Email:
  - c. Affiliation:
2. Name:
  - a. Phone number:
  - b. Email:
  - c. Affiliation:
3. Name:
  - a. Phone number:
  - b. Email:
  - c. Affiliation:

Please attach the following to this application:

- *Resume* that includes the following:
  - Completed course work
  - Trainings completed to date
  - Work/volunteer experience
- *Letter of Intent*
- *Current Transcript* (unofficial copy is sufficient, but must include student name, name of school, current GPA/academic standing, past and present course work, and degree program)
- *Proof of Student Liability Insurance*
- *Internship Handbook and Contract from your school program*

Email application and supporting documents to: Staci Tessmer, CAPS Training Coordinator at  
sbuckin1@kent.edu

## Application Attestation

I certify that all statements made on this application and the information contained in all other documents I have submitted in support of my application are true and complete to the best of my knowledge. I understand that my stated pre-internship qualifications are subject to verification and I hereby authorize Kent State University CAPS to confirm or investigate any information provided.

I understand that any falsification of my application materials will be sufficient grounds for rejection of the application, or termination of internship. If selected for internship, I may be required to be fingerprinted.

In submitting this application, I authorize Kent State University CAPS to contact each of my former employers, educational institutions and the references listed herein. I also authorize each of my former employers, educational institutions, and references listed herein to give Kent State University CAPS any and all information concerning my education, previous employment, any pertinent information they may have regarding my work performance, whether such information is favorable or unfavorable to me. I hereby fully release all such persons and entities from any liability with respect to furnishing such information to Kent State University CAPS and waive any claims I may have against them with respect to the release of such information. I also authorize Kent State University CAPS to release such employment information as necessary to those employees and agents of Kent State University who require such information to investigate or to make a decision with respect to any matter pertaining to my internship selection.

I certify that I have read and agree with these statements.

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Printed Name

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Signature

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Date