



Sexual Assault Center Clinical Internship Position Description

MAJOR OBJECTIVES:

To prepare students to become skilled, caring and ethical clinicians.

MAJOR RESPONSIBILITIES:

1. To provide therapeutic individual and group sessions to clients.
2. Maintain proper record keeping for each client.
3. To attend weekly supervision sessions with supervisor.
4. Adhere to the center's policies.

QUALIFICATIONS:

Sexual Assault Center does not discriminate in regards to sex, race, sexual preference, national origin, disability, age or marital status in the recruitment, selection, or placement of interns.

1. Ability to work in a team setting.
2. Ability to work with a variety of clients.
3. Excellent oral and written communication skills.
4. Flexible and non-judgmental.
5. Willing to accept supervision and feedback of job performance.
6. Enrollment in a Masters degree program in a related field.

TRAINING:

1. Completion of internship training provided by SAC.
2. Enrollment in a Masters program focusing in counseling, social work, psychology or a related field.

SHIFT TIMES:

Available times are Monday – Friday, based on SAC scheduling/availability. It is requested that students prioritize being here on Tuesdays from 9-11am for SAC's clinical team meetings.

LENGTH OF COMMITMENT:

Minimum of eight months



Internship Application

Thank you for your interest in interning at The Sexual Assault Center. Please fill out this application and acknowledge the information is true, correct and complete. Please note that students selected for internship will be asked to sign a confidentiality contract as well as complete a background check. All information included in this application is kept in confidence and will not be disclosed to anyone without the student's permission.

Name: _____

E-mail address: _____

Mailing address: _____

City, state, zip: _____

Cell phone: _____ Work phone: _____

Other phone: _____

Which phone number is the best to reach you? Cell Work Other

Preferred method of contact: E-mail Phone

Date of birth: _____ Pronouns: They/them She/her He/him _____

Fully proficient languages (other than English): _____

Education:

College: _____

Major/Degree/Graduation Date: _____

College: _____

Major/Degree/Graduation Date: _____

Post-Graduate: _____

What is your availability for internship? *(circle all that apply)*

Monday Tuesday* Wednesday Thursday Friday

*Please note that Tuesdays from 9-11am are Clinical Team Meetings and Staffings.

It is expected that interns attend unless otherwise approved

Community Involvement

Clubs, organizations, and/or groups you are involved in:

Name: _____

Role: _____

Name: _____

Role: _____

Volunteer experience

Agency name: _____ Dates involved: _____

Role: _____

Agency name: _____ Dates Involved: _____

Role: _____

Agency name: _____ Dates Involved: _____

Role: _____

Other hobbies/special skills:

Briefly state why you are interested in becoming an intern at SAC:

How did you hear of SAC?

Do you feel you have any personal experiences, issues or attitudes, which would impact your effectiveness in dealing with survivors of sexual assault or child sexual abuse?

List three skills or qualities that you have to offer that will be beneficial in your work at SAC.

List three things you hope to gain from your work as a SAC intern.

Please list an area of growth (something you are aware of that needs improvement) that you would like to address.

Have you in the past seen, or are you presently seeing someone for personal counseling? If yes, was/is the experience helpful?

Have you ever been charged or convicted of any felonies or ethical violations? If yes, please provide a brief explanation

Have you ever been reported for suspected child abuse? If yes, please provide a brief explanation.



Intern Reference Form

Name of Applicant: _____

Name of person completing form: _____

May we reach out to you if we would like to speak further? Y N

What is the best way to reach you?

Phone: _____ Email: _____

The Sexual Assault Center provides a comprehensive program of therapy services, crisis intervention, and education for adults and children, a large number of whom have been victims of sexual assault and sexual abuse. The Center trains our interns to work directly with survivors in a therapeutic capacity, both for individual and group therapy.

The above named person has applied to be an intern with our program and has given your name as a reference. Please complete this personal reference form as completely and as thoughtfully as possible. Your comments will help our program serve our clients more effectively and will be considered confidential. Please return directly to the email address or fax listed below.

Please circle the number in the scale ranging from high to low which reflects your opinion of the applicant.

	<i>High</i>			<i>Low</i>	
Ability to relate to children	5	4	3	2	1
Ability to relate to adults	5	4	3	2	1
Ability to listen	5	4	3	2	1
Ability to communicate effectively	5	4	3	2	1
Ability to control emotions	5	4	3	2	1
Ability to demonstrate good judgments in daily relations	5	4	3	2	1
Propensity to follow through on commitments	5	4	3	2	1
Reliability	5	4	3	2	1

Ability to accept responsibility	5	4	3	2	1
Stability/harmony of applicant's own life	5	4	3	2	1

1. In what capacity have you known this applicant?

For how long? _____

2. The applicant will work with adults and children under stress who have been victimized by others, or may have the responsibilities of teaching and leading others. Has this applicant demonstrated stability and strength of character which would permit them to cope with this pressure?

Please comment: _____

3. Has this applicant demonstrated responsibility and dependability that would reassure a survivor under stress?

Please comment: _____

4. Are you aware of any issues that would prevent the applicant from serving as an effective intern with SAC? Yes No

If yes, please comment: _____

5. To your knowledge, does this applicant have or has she/he ever had a drinking problem? Drug usage?

6. To your knowledge, has the applicant ever been convicted of an ethical violation or a felony?

Please comment: _____

7. If you know this applicant in a professional capacity, would you be inclined to work with this person again?

Please comment: _____

8. Please discuss the applicant's personal qualities that would make the applicant one to whom you might turn if you or one of your family members were experiencing emotional turmoil. _____

9. Please circle your overall assessment of the applicant's suitability as a volunteer for SAC.

Highly recommend
without reservation

Recommend with
some reservation

Cannot recommend
due to lack of knowledge
about applicant

Definitely do not
recommend

Please feel free to make other comments that you feel may be helpful or relevant: _____

Thank you!

Reference Signature

Date

Please return by email to:

Eric Fogle, LPC-MHSP
Clinical Therapist
Sexual Assault Center
101 French Landing Drive
Nashville, TN 37228
efogle@sacenter.org

If you would like to speak with someone personally about this reference, feel free to call Eric at 615-258-5898.