

## *Application for Prospective Graduate Interns*

Directions for Application:

All information will be treated as confidential material.

1. Please submit a cover letter and resume.
2. Please answer two questions as completely as possible. (See Page 2.)
3. Please download reference letter template on website and have references submit directly via mail or email to the contact information shown below.
4. Submit application to:
  - **Mail:** PO Box 6004 Santa Fe, NM 87502
  - **Submit in person:** The Sky Center, at Ortiz Middle School: 4164 South Meadows Road
  - **Via e-mail:** [theskyctr@gmail.com](mailto:theskyctr@gmail.com)

Call the center if you have any questions: 505-473-6191.

Ask for Erin Doerwald, Program Director, or Marisol Peña, Office Manager.

For more information or to download this application and reference forms electronically, visit:  
<http://nmsip.org>, under services for graduate training

Date of application: \_\_\_\_\_

### **SECTION I. PERSONAL DATA**

Full Name: \_\_\_\_\_

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

Cell/Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Graduate Internships are only available from mid-August through the end of May.

Please indicate the year that you are applying for the internship: \_\_\_\_\_

**Experience: Attach Resume**

### **SECTION II. ELIGIBILITY & AVAILABILITY**

*Please confirm here that you are eligible for internship as a rising second year Master's Degree student or Social Work Advanced Standing student. If this is in question for any reason at this current time, please describe here. Also, if possible, please give a brief description of your schedule availability for the next academic year.*

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### **SECTION III. PROFESSIONAL INTERESTS, EXPERIENCES AND GOALS**

*In responding to section III, please type your responses on separate pieces of paper. Select two of the six prompts and answer both questions using no more than two pages.*

1. With reference to your proposed training at the Sky Center, please indicate why you want to train at The Sky Center, how you heard of us, and what you wish to gain out of training with us.
2. In terms of your therapy experience with individuals, couples, children, families, and groups: In which area(s) do you feel most capable or comfortable? In which area(s) do you feel less capable or comfortable?
3. What do you experience or anticipate as your greatest challenges as a therapist? (Particular issues, types of clients, types of feelings or interactions?)
4. Please describe your own orientation to therapy and your beliefs about what creates healing and growth for clients. Which orientation or theoretical school do you consider yourself to be a member of or most in theoretical alignment with?
5. What daily routines and/or practices do you have that provide self-care?
6. Choose your own question and response.