



**Butler  
Behavioral  
Health**

## Internship Application Form

Name \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

Program \_\_\_\_\_

Current Licensure(s) \_\_\_\_\_

**Bachelor**

**Master's**

At this time, what is your career goal following graduation?

What is your preferred population?

Length of Internship \_\_\_\_\_

Number of hours per Week\*\* \_\_\_\_\_

Estimated Start Date \_\_\_\_\_

Estimated End Date \_\_\_\_\_

Please rank from 1-3 your preferred setting

Office-Based       Virtual/Telephone       Client's Home

**Please rank in order of your interest the following experiences/services:**

- Integrated Care Management to partner with clients to achieve mental and physical functioning
- Home and community based services to help children and families with mental health diagnosis
- Outpatient Therapy Services
- Engage/assist in brief social, recreational or educational activities at the agency's social club
- Mobile Crisis Intervention with adults, families, and children
- Vocational interventions to match a person's strengths and skills with employment opportunities
- Administrative needs of a Mental Health Agency

**Master's Applicants Only:**

Have you applied for your Trainee License (CT or SWT)?      Yes      No

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\*\* Internship hours limited to office hours (M-F; 8am – 5 pm)