



Date of Application: _____

**Fraser and Fraser Child & Family Center
Internship/Practicum Application**

Fraser, 2400 W 64th Street, Minneapolis, MN 55423

Phone: 612-861-1688 Fax: 612-861-6050 Email: fraser@fraser.org

Fraser Child & Family Center, 3333 University Ave SE, Minneapolis, MN 55414

Phone: 612-331-9413 Fax: 612-728-5301 Email: fcfc@fraser.org

Internship/Practicum Application Form

Name: _____

Address: _____

Phone: (____) _____ Email: _____

Education

High School: _____ Year completed: _____

College: _____ Year completed (or expected): _____

Graduate School: _____ Year completed (or expected): _____

Major: _____ Will you receive college/graduate credit for this internship? yes no

College/Graduate Supervisor's Name: _____ Phone: (____) _____

Agency Supervision

Does your internship require licensed supervision? yes no What degree/license is required: _____

Number of hours required for credit: _____ Number of hours required each week of supervision: _____

Work Experience

(list your three most recent places of employment)

Name of company or organization: Type of work or title you held: Year(s) worked:

1) _____

2) _____

3) _____

Volunteer Experience

Name of company or organization: Type of volunteer position you held: Year(s) worked:

1) _____

2) _____

3) _____

Other special training you have received: _____

Date of Application: _____

References

1) Name: _____ Phone/email: _____

Relationship: _____ Years known: _____

2) Name: _____ Phone/email: _____

Relationship: _____ Years known: _____

Areas of Interest

Program you are most interested in at Fraser/Fraser Child & Family Center: _____

Why do you want to work in this program? _____

Availability

Sessions you are available for this internship/practicum: ____ Fall ____ Winter ____ Spring ____ Summer

Time of day you are available: ____ Morning ____ Afternoon ____ Evening Approximate start/end dates: _____

Emergency Contact Information

(Name, address and phone number of person we should contact in case of an emergency)

Name: _____ Phone: (____) _____

Address: _____

Miscellaneous Information

How did you learn about this internship/practicum opportunity? _____

If requested, may we provide reference information regarding your work at Fraser and Fraser Child & Family Center?
_____yes ____no

All agencies providing psycho-therapeutic services are mandated by law to ask the following:

Has sexual conduct ever occurred between you and a client or a former client? ____yes ____no

Have you ever been convicted of a felony? ____yes ____no

All information submitted to Fraser and Fraser Child & Family Center by me is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this application may be cause for dismissal or denial of appointment to an internship position. By applying to Fraser and Fraser Child & Family Center, I acknowledge that I have a responsibility to act in accordance with Fraser’s ethical guidelines, rules and regulations.

Signature: _____ Date: _____

Please attach a resume and mail completed application to:

Fraser Child & Family Center
3333 University Ave SE, Minneapolis, MN 55414

Fraser
2400 W 64th Street, Minneapolis, MN 55423