



Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City / State / Zip Code: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact in Case of Emergency: \_\_\_\_\_  
NAME RELATIONSHIP

If currently employed please list name of employer: \_\_\_\_\_

Work hours and days: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SCHOOL AND PROGRAM INFORMATION

School Name (if currently enrolled) \_\_\_\_\_ Major: \_\_\_\_\_

Year in program:  Junior  Senior  other \_\_\_\_\_  N/A Expected Graduation Date: \_\_\_\_\_

Contact person at school (if requesting academic credit for internship):  
\_\_\_\_\_  
NAME TITLE PHONE NUMBER

Preferred start date for internship:  Fall Semester \_\_\_\_\_ (year)  Spring Semester \_\_\_\_\_ (year)

List days and times you are available for an internship:  
\_\_\_\_\_  
Number of hours/week: \_\_\_\_\_

PREFERENCES, INTERESTS, AND EXPERIENCE

Populations of Interest:

- children and families  adults  older adults  transitional aged youth (18-25 years old)
- adolescents in juvenile justice system  forensic population (adults)  alcohol and drug treatment

Preferred Location(s) or area(s):

- Ventura  Oxnard  Thousand Oaks  Simi Valley  Santa Paula/Fillmore

Bilingual?  No  Yes If yes, language(s) spoken: \_\_\_\_\_

Do you have any specific learning objectives for this internship?

Do you have any previous work experience or volunteer experience in an agency or organization that provides treatment for mental health issues or treatment of drug and alcohol addiction?

No  Yes Name of Agency \_\_\_\_\_

Types of duties performed:

List any unique skills or experiences that would enhance or contribute to your participation in the internship:

Highlight any previous experiences in working with culturally diverse populations:

## ADDITIONAL INFORMATION

Do you have any restrictions or limitations that we should be aware of?  No  Yes

If yes, please explain:

Please describe any other important additional information that was not mentioned previously:

## REFERENCE

Name: \_\_\_\_\_ Agency if applicable: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## HEALTH AND BACKGROUND SCREENING

- All employees, volunteers, and students are required to be screened initially for vaccination clearance and annually for tuberculosis. You have an option of having a tuberculin skin test through the department's employee health services, at no cost to you, or you can opt to have the test done by your personal physician (incurring cost). **COVID19 vaccination is required per CDPH State Health Order** (exemptions require approval)
- All employees, volunteers, and students are required to complete a background clearance. This is conducted through our department, at no cost to you. Any offer of an internship is contingent upon completion of the background clearance.

**The above information is accurate and correct to the best of my knowledge**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return the completed application with a cover letter and a copy of your resume to:  
Training and Workforce Development Program  
1911 Williams Drive, Suite 200; Oxnard, CA. 93036  
Email: [vcbh.internships@ventura.org](mailto:vcbh.internships@ventura.org)