

Licensed Supervision/Internship/Direct-Service Volunteer Application

Use TAB Key to navigate to input fields, Click Left Mouse Button for Check Boxes			Date: _____ Date _____
First Name: _____	First Name _____	Last Name: _____	Last Name _____
Street: _____		Street Address _____	
City: _____	City _____	State: _____	Zip Code: _____
Email: _____			
Gender: F <input type="checkbox"/>	M <input type="checkbox"/>	SSN: (First 3 digits:) _____	-XX- (Last 4 digits:) _____
Cell Phone: _____		Home: _____	Work: _____

If you are <u>not</u> Paid Staff at Cornerstone Montgomery, complete this section for an <u>Emergency</u> (** See note at bottom**)			
Person to Notify: _____	First Name: _____	Last Name: _____	Last Name _____
Cell Phone: _____		Home: _____	Work: _____
Address: _____			

Availability:	
First Targeted Start Date (MONTH and YEAR) allowed by school, Cornerstone Montgomery Or MD BOPC (whichever is later): _____	
Targeted End Date(MONTH and YEAR): _____	
Days of the week and times available to volunteer complete placement: Day of the week and time available _____	

If you are currently a <u>Paid Staff Member</u> at Cornerstone Montgomery, complete this section.	
Program where you are employed: _____	Program employed within Cornerstone Montgomery _____
Program Supervisor: _____	Program Supervisors Name _____

Education (All students must complete education field):	
Indicate the highest level of education completed: <input type="checkbox"/> High School Diploma or, _____ years of College completed or, <input type="checkbox"/> BA in: _____ or, <input type="checkbox"/> BS in: _____ or, <input type="checkbox"/> Graduate Degree in: <u>Degree Title</u> _____	
Date highest level of education attained (mm/yyyy): _____	

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Please **ONLY** complete this section if your **school requires License Clinical Supervision:**

Degree and/or License Now Pursuing (e.g. BA, MA, MSW, LCPC, LCSW, etc.): The Degree or License you are pursuing

Expected graduation date (Month/Year):

Name(s) of Graduate School(s) Attended/Attending:	Name of Graduate School
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Program(s)/Department(s):	Program Name
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How many **graduate credits** have you **completed** towards the number _____ of _____ credits required **for degree**?

How many **graduate credits** have you **completed** towards the number _____ of _____ credits required **for licensure**?

Total Hours of Licensed Supervision required for graduate degree:	Individual: _____	Group: _____
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Total Hrs. already received of Lic. Sup. required for graduate degree:	Individual: _____	Group: _____
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Total Hours of Post-Master's degree Licensed Supervision required:	Individual: _____	Group: _____
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Total Hrs. of Post-Master's degree Lic. Supervision already received:	Individual: _____	Group: _____
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If you are NOT Paid Staff at Cornerstone Montgomery, please answer the following questions (1-10):

1. Is there anything in your educational or occupational background that you feel is important for us to know?

2. Have you ever been affiliated with Cornerstone Montgomery? If yes, please elaborate:

3. What life or work experiences have you had with others who have experienced mental health problems?

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4. What are your ideas about how to help people with mental illness?

5. What kind of training would you find helpful in your volunteer efforts at Cornerstone Montgomery?

6. Are there any programs hosted by Cornerstone Montgomery in which you have a particular interest in?

7. Do you speak any languages in addition to English? Yes No If "Yes", which?

8. Do you have a valid driver's license? Yes No If "Yes", Please complete below (** See note at bottom**)

Are you willing to drive as part of your volunteering? Yes No

If yes, do you have more than two points on your driving record? Yes No

Please note: A copy of your driving record, auto insurance, and driving license is required if driving is a part of your volunteering at Cornerstone Montgomery.

9. Have you ever been convicted of a felony? Yes No If "Yes", describe in detail

10. Optional Information: Date of Birth (MM/DD/YYYY): Ethnic Background:

Release of Information: (to be signed at time of in person interview at Cornerstone Montgomery)

By signing my name, I am voluntarily giving permission for information concerning my paid or unpaid employment at Cornerstone Montgomery, Inc. to be released to educational institutions or potential employers in the future. The information can be verbal or written and can include information about salary, dates of employment and job performance. **Hand written signature required.**

Signature: _____ Date: _____

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For Cornerstone Montgomery Supervisor To Complete:	
Program referred to: _____	Placement Program Title _____
Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Program Interview Date: _____
Direct-Service Prog. Supervisor (If applicable): _____	Program Supervisor's Name _____
Confidentiality Agreement Co- Signed by Supervisor <input type="checkbox"/>	

If you are to receive clinical supervision, complete this section at your interview:	
Name and License of <u>Individual</u> Clinical Supervisor:	
Name of Cornerstone Montgomery Clinical Supervisor _____	
Name and License of <u>Group</u> Licensed Supervisor, if assigned.	
Name of Cornerstone Montgomery Licensed Group Supervisor _____	
Supervisor(s) Signature(s): _____	Date: _____

** NOTE: If any of the information in these sections changes, you must notify the Clinical Supervision Department **	
Please do not edit this box. The below area is for the Recruitment and Internship Coordinator to complete:	
Approved Licensed Clinical Supervisors to complete for their supervisees:	
<input type="checkbox"/> Application	<input type="checkbox"/> Clinical Supervision Contract
<input type="checkbox"/> Board Requirement Contract	<input type="checkbox"/> Copy of Approved Supervisor Letter.
For Interns or Direct-Service Volunteers:	
<input type="checkbox"/> Application	<input type="checkbox"/> 2-3 References (if applicable)
<input type="checkbox"/> Consumer Disclosure and Application Form (page 3)	<input type="checkbox"/> Criminal Record forms
<input type="checkbox"/> HIRERIGHT-Disclosure and Authorization to Obtain Information	
<input type="checkbox"/> HIPAA received/grade of : <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Criminal Record Check approval
<input type="checkbox"/> Confidentiality form signed by supervisor (at interview)	<input type="checkbox"/> Staff ID Photo taken
<input type="checkbox"/> Copy of Driver's License	<input type="checkbox"/> 3 yr driving record report Effective <8 Days or Earlier to First Day of Work