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MHSA Workforce Education and Training Unit (WET) • 2085 Rustin Avenue • Riverside, California 92507

**APPLICATION PACKET**

Dear Candidate:

Thank you for your interest in the Riverside University Health System – Behavioral Health **G**raduate **I**nternship, **F**ield and **T**raineeship Program (GIFT Program)! This packet includes:

1. Instructions for completing the application
2. Application for the GIFT Program

If you have any questions, please contact Sheree Summers, Staff Development Officer, at [GIFTProgram@rcmhd.org](mailto:GIFTProgram@rcmhd.org) or call (951) 955- 7108.

Sincerely,



Sheree Summers

Staff Development Officer



Graduate Internship, Field and Traineeship Program (GIFT Program)

**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

Please review the instructions below before completing the application. Incomplete applications will not be considered.

**CONTACT INFORMATION Section:**

1. Provide accurate and up-to-date personal contact information.

**INTERNSHIP INFORMATION Section:** Please use the drop down menus where provided!

1. University: Provide all requested University information.
2. Field Advisor/Liaison: Provide the name and contact information for the university representative we would contact regarding your placement.
3. Program: Indicate your discipline and the year of schooling you will be starting in the fall (Drop down menu provided).
4. Indicate which days you will be available for placement in this agency. These will be the days that you are **not** in class.

1. Please indicate your first and second choice of populations (type of client) that you would like to gain experience working with this upcoming year. (Drop down menu provided).

**LANGUAGE ABILITY Section:**

1. Indicate if you speak a second language, including American Sign Language. Specify *which* additional language(s) you speak and if you read and write in that language.

**QUESTIONS Section:**

1. Use the designated areas to answer the questions. Do not attach additional pages.
2. ***Regarding question #5:*** We recognize that it is still vulnerable for people to talk about a mental health treatment history. This information will not be shared with perspective field sites without your permission. We want you to know that RCDMH is committed to the full integration of people with consumer or family member experience into our programs and workforce. We see this experience as an asset.

**ACKNOWLEDGEMENTS Section:**

1. Read and check the boxes in this section before submitting your application.

**SUBMISSION INSTRUCTIONS:**

1. Submit your completed application, with an electronic copy of your current resume, to the Staff Development Officer of Education at [GIFTProgram@rcmhd.org](mailto:GIFTProgram@rcmhd.org).



Graduate Internship, Field and Traineeship Program (GIFT Program)

**APPLICATION**

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| **CONTACT INFORMATION** | | | |
| Last Name, First Name | | Date | |
| Address | | City | State, Zip Code |
| Cell Phone | Home Phone | Candidate’s Email | |

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| --- | --- |
| **INTERNSHIP INFORMATION** | |
| Name of University | |
| Address/Campus Location | |
| Field or Practicum Advisor/ Liaison | |
| Office Phone | Cell Phone |
| Program  Choose an item. | Have you been awarded a state stipend?  YES  NO |
| How many hours are required for your program?        per week       per quarter/semester | What days will you be in placement?  Monday  Tuesday Wednesday  Thursday  Friday |
| What population would you like to work with next year?  First Choice: Choose an item. Second Choice: Choose an item. | |

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| **LANGUAGE ABILITY** | | | |
| Are you bilingual? If **YES**, please answer the additional question below. If **NO**, please skip to the “Questions” portion.  YES  NO | | | |
| What other language do you speak?  Language: | Speak:  YES  NO | Read:  YES  NO | Write:  YES  NO |

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| **QUESTIONS** |
| 1. What is your motivation for seeking an internship/practicum with this agency? |
| 2. In terms of your career, where do you see yourself in 5 years? |
| 3. What populations (i.e. ages, diagnoses) are you interested in gaining experience with this year? |
| 4. What diversity factors will you bring into this agency? |
| 5. Tell me about your experience with, or a family member’s experience, as a consumer of mental health services. |

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| **ADDITIONAL INFORMATION** |
| Please provide any additional information or comments: |

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| **ACKNOWLEDGEMENTS** |
| By checking this box, you understand this program will expect a 16-24 hour a week  commitment for at least 8 months, even if this exceeds your academic requirements.  By checking this box you are confirming your understanding that, if selected, you will be required to  attend mandatory student trainings prior to starting your internship/practicum.  By checking this box, you are stating that the information on this application is true and correct. |