



## RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH

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MHSA Workforce Education and Training Unit (WET) • 3801 University Avenue • Suite 400 • Riverside, California 92501

### APPLICATION PACKET

Dear Candidate:

Thank you for your interest in Riverside County Department of Mental Health's **Graduate Internship, Field and Traineeship Program (GIFT Program)**! This packet includes:

1. Important Timelines
2. Instructions for completing the application
3. Application for the GIFT Program

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

Sincerely,

Sheree Summers  
Staff Development Officer





**RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH**  
Graduate Internship, Field and Traineeship Program (GIFT-Program)

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**IMPORTANT TIMELINES**

- **February 1<sup>st</sup>:** The GIFT Program begins accepting applications for placements starting the following academic year. For example, we will begin accepting applications in February 2014 for academic year 2014-2015.
- **April 15<sup>th</sup>:** The deadline to submit an application for *priority consideration*. However, candidates may submit their applications year round.
- **March-June:** If you are identified as a potential candidate, you may be invited to interview with the department for placement opportunities.

Typically, candidates participate in 2 interviews. The first interview is either a group interview or by phone, and is used to determine if a candidate is appropriate for this Department.

The second interview is usually face-to-face with the clinic/program that might be the best match for the candidate's educational and training needs.

**Please note:** All placement offers are contingent on the results of the face-to-face interviews and results of the background check.

- **June-August:** Students accepted into the GIFT Program will complete paperwork, appointments with Human Resources and other administrative tasks.
- **August:** Comprehensive student trainings to prepare for placement.
- **September:** Students will begin at their assigned clinic/program unless otherwise determined by the clinic/program or university.



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#### 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.
5. Please indicate your first and second choice of populations (age group) 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 University and School Liaison at [GIFTProgram@rcmhd.org](mailto:GIFTProgram@rcmhd.org).



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**APPLICATION**

<b>CONTACT INFORMATION</b>		
Last Name, First Name		Date
Address		City State, Zip Code
Cell Phone	Home Phone	Candidate's Email

<b>INTERNSHIP INFORMATION</b>	
Name of University	
Address/Campus Location	
Field or Practicum Advisor/ Liaison	
Office Phone	Cell Phone
Program	Have you been awarded a state stipend? <input type="checkbox"/> YES <input type="checkbox"/> NO
How many hours are required for your program?  per week per quarter/semester	What days will you be in placement?  <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
What age group would you like to work with next year?	
First Choice:	Second Choice:

<b>LANGUAGE ABILITY</b>			
Are you bilingual? If <b>YES</b> , please answer the additional question below. If <b>NO</b> , please skip to the "Questions" portion.			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
What other language do you speak?  Language:	Speak:  <input type="checkbox"/> YES <input type="checkbox"/> NO	Read:  <input type="checkbox"/> YES <input type="checkbox"/> NO	Write:  <input type="checkbox"/> YES <input type="checkbox"/> NO

### QUESTIONS

1. What is your motivation for seeking placement with this agency?

2. In terms of your career, what do you see yourself doing in 5 years?

3. What populations (i.e. ages, diagnoses) are you interested in gaining experience with next year?

4. How will you bring diversity into this agency?

5. Tell me about your own experience with, or a family member's experience, as a consumer of mental health services.

### ADDITIONAL INFORMATION

Please provide any additional information or comments:

### ACKNOWLEDGEMENTS

- ☐ By checking this box, you are stating that you understand RCDMH 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.
- ☐ By checking this box, you are stating that the information on this application is true and correct.