



# Application for Clinical Training

Are you applying for Clinical Training as a  Trainee or  Associate (please choose one)

School of Attendance: \_\_\_\_\_

## School Contact Information

Name of Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

## Our Policy

*It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.*

## Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_

## Statement of Interest

*Please describe your interest in working for the Coalition for Family Harmony, a non-profit organization serving survivors of domestic violence and sexual assault.*

## Previous Experience

Summarize your experience working with clients. If you do not have experience, please indicate when you started practicum and completed Law and Ethics.

Trainees and Associates at the Coalition for Family Harmony are required to work with the following populations in individual, group, couples, and crisis counseling:

- Survivors of Domestic Violence/IPV
- Survivors of Sexual Assault/Stalking/Molestation
- Survivors of Romance Scams
- Elderly Population
- Children
- LGBTQ+ Community
- Bilingual/Monolingual Spanish population
- Those that offend

Time Commitment:

- 1 Year Commitment
- At least 10 hours a week
- Some Weekends and After Hours (after 5:00 pm)

All staff at the Coalition for Family Harmony are required to participate in mandatory ongoing training on an annual basis.

This will include:

- 40 hours of Domestic Violence Training
- 40 hours of Sexual Assault Training
- 12 Coalition Learning Hours (CLH)
- 4 LGBTQ+ Training
- And other trainings as needed

*By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_