



Application for Internship

PO Box 151 Patterson, GA 31557
(912) 282-0992/Phone ~ (912) 647-0510/Fax

Personal Information (Please Print or Type)

Date:

Name:

Date of Birth: / / Sex: (none selected) Social Security #:

Position Applying For:

Address:

City: State: Zip Code: County:

Cell phone #: - -

Home Phone #: - -

E-Mail Address:

Marital Status: Married Re-married How long?

 Single Widowed Divorced Separated

If you are or have been divorced or are separated, please explain the situation.

How many children do you have? Age(s):

Please share your goals and values for your own family.

Education

Please list background education, starting with most recent

School	Degree	Major	Graduation Date
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Church Affiliation - Current

Church Denomination

List current or past ministry responsibilities (e.g., pastor, youth director, Sunday school teacher, elder)

Do you have any way to have regular "accountability" of your work and ministry? Please explain. (e.g. weekly or monthly supervision, discussion with other therapist(s) or pastor)

Professional Information

Give a brief overview of your professional experiences, including places, dates, and scope of activities.

Other educational experiences (workshops, seminars, etc.), dates attended.

With what professional organizations are you currently affiliated? Please list.

Are you a member of the American Association of Christian Counselors (AACC)?

Yes No

If so, have you reviewed the new Law and Ethics Code of the AACC? Yes No
(For more information call 1-800-526-8673)

Are you a member of the Christian Association for Psychological Studies (CAPS)?

Yes No

If so, have you reviewed the CAPS Statement of Ethical Guidelines? Yes No

Why did you choose counseling as a profession?

Why are you choosing to pursue a career in Christian counseling at this time?

Counseling Preferences

What types of clients do you prefer to counsel with? (age, marital status, sex)

Specialties

In which of the following areas do you feel ESPECIALLY qualified?

- | | | | |
|--------------------------|---------------------------------|--------------------------|---|
| <input type="checkbox"/> | ACOA | <input type="checkbox"/> | Marriage |
| <input type="checkbox"/> | Attention Deficit Disorder/ADHD | <input type="checkbox"/> | Mediation |
| <input type="checkbox"/> | Adoption | <input type="checkbox"/> | Mid-Life Crisis |
| <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | Missionary Re-Entry |
| <input type="checkbox"/> | Anger Management | <input type="checkbox"/> | Obsessive/Compulsive Disorder |
| <input type="checkbox"/> | Assessment/Testing – Type? | <input type="checkbox"/> | Parenting |
| <input type="checkbox"/> | Bi Polar Disorder | <input type="checkbox"/> | Pastors' Families |
| <input type="checkbox"/> | Career | <input type="checkbox"/> | Phobias |
| <input type="checkbox"/> | Children | <input type="checkbox"/> | Play Therapy |
| <input type="checkbox"/> | Child/Physical Abuse | <input type="checkbox"/> | Post-Abortion |
| <input type="checkbox"/> | Chronic Pain | <input type="checkbox"/> | Post-Traumatic Stress |
| <input type="checkbox"/> | Crisis Counseling | <input type="checkbox"/> | Pregnancy |
| <input type="checkbox"/> | Depression | <input type="checkbox"/> | Pre-Marital |
| <input type="checkbox"/> | Disabilities | <input type="checkbox"/> | Prison/Probation |
| <input type="checkbox"/> | Dissociative Identity Disorder | <input type="checkbox"/> | Psychosis/Severe Mental Illness |
| <input type="checkbox"/> | Divorce Recovery | <input type="checkbox"/> | Rape Recovery |
| <input type="checkbox"/> | Domestic/Family Violence | <input type="checkbox"/> | Ritual Abuse |
| <input type="checkbox"/> | Eating Disorders | <input type="checkbox"/> | Sexual Abuse |
| <input type="checkbox"/> | Family | <input type="checkbox"/> | Sexual Problems |
| <input type="checkbox"/> | Finances | <input type="checkbox"/> | Singleness |
| <input type="checkbox"/> | Gender Identity Issues | <input type="checkbox"/> | <input type="checkbox"/> Spanish Speaking |
| <input type="checkbox"/> | Grief | <input type="checkbox"/> | Spiritual Issues |
| <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> | Suicide/Suicidal |
| <input type="checkbox"/> | Homosexual Issues | <input type="checkbox"/> | Teenagers |
| <input type="checkbox"/> | Learning Disabilities | <input type="checkbox"/> | Women's Issues |
| <input type="checkbox"/> | Life Coaching | | |

Addictions:

- Alcohol
- Drugs
- Gambling
- Internet/Chat Rooms
- Sexual Addiction/Pornography

Geriatrics:

- Adult Children Relationships
- Alzheimers/Dementia
- Grandparenting

Do you have any specialties not listed? If so, what are they?

What issues do you prefer **NOT** to treat?

Liability/Malpractice

One of our requirements is that you carry Student Liability/Malpractice insurance.

*****PLEASE INCLUDE A COPY OF YOUR LIABILITY/MALPRACTICE INSURANCE*****

Do you carry malpractice insurance? Yes No

If not, why?

Have you ever been denied malpractice insurance? Yes No

If yes, explain:

Have you ever had a malpractice claim/suit filed against you? Yes No

If yes, what were the results of the findings?

Were there any disciplinary actions taken? Yes No

If yes, explain.

By which agencies/government, agencies/professional?

Family Values experience and exposure

Do you listen to Christian radio broadcasts? Yes No

Which stations and broadcasts do you listen to?

If so, how often? Daily 2-4 times/week Weekly Occasionally Never

Please **LIST** which books you have read, or film/videos you have seen, that are integral in your Christian Counseling:

Theoretical Views

(Please be thorough in your responses, attach separate pages if necessary)

What is your theoretical basis for counseling? Please be specific

Do you integrate biblical precepts and truths with psychological theories in counseling?
If so, how?

How would you use prayer/scriptures in counseling?

How do you see the church fitting into the counseling process?

What is your view of the Lord in the healing process?

How do you determine when a client is ready to terminate/graduate from counseling?

What Christian leader/author has **most** influenced you?

Spiritual

(Please be thorough in your responses, attach separate pages if necessary)

What is your definition of a Christian? How does one become a Christian?

How would you describe your relationship with Jesus Christ?

What is your basic view of scripture?

What is your basic view of spiritual warfare?

Do you utilize prayer imagery, hypnosis, enneagrams, "healing of memories" or visualization in your therapy practice? Explain how each is utilized.

Describe your understanding of repressed/recovered memory work?

To what degree do you disclose your own spiritual walk in the therapeutic setting? Why? Why not?

Theological/Personal Convictions

The following areas reflect Cord of Three's core values.

Please give us *both* your approach in counseling *and* what you understand the Bible teaches regarding the following issues (Please be thorough attach pages if necessary):

- 1) Abortion -
- 2) Divorce (include Biblical reasons) -
- 3) Remarriage (include Biblical reasons)-
- 4) Pre- and extra-marital sexual activities -
- 5) Homosexuality -
- 6) Marriage -
 - a) Roles of husbands -
 - b) Roles of wives -
- 7) Pornography/Sexual Addiction -

8) Child discipline (include your philosophy of spanking) -

Associates and Colleagues – Letters of Reference

Please include three letters of reference – one letter from your pastor or someone familiar with your Christian walk and two from a professor who is familiar with your practice and skills.

Other Items Required

Please include a copy of the following items with this application:

- Driver's License
- Social Security Card
- Liability Insurance
- Resume

Upon acceptance into Cord of Three's internship program you will be able to receive all of the direct client contact hours you need for graduation. In addition to this direct experience, you will be required to do ongoing individual and group supervision with our licensed professional counselor or with our licensed clinical social workers as well as additional training in the practices as a Christian counselor so that you develop an understanding of the legal/ethical issues and the integrative model this agency uses. If you are unable to meet any of these obligations a plan for study must be developed.

Please return to:

Cord of Three Counseling Services, Inc.
PO Box 151 ~ Patterson, Georgia 31557
(912) 282-0992/Phone ~ (912) 647-0510/Fax
Attn: Executive Director

THANK YOU FOR COMPLETING THIS APPLICATION

**Cord of Three Counseling Services, Inc.
Clay D. Gill, Executive Director**