**Boston University** College of Health & Rehabilitation Sciences: Sargent College

Center for Psychiatric Rehabilitation

Caitrin Thornhill, MSW, LCSW

Center for Psychiatric Rehabilitation

**Center Use Only:**   
Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

940 Commonwealth Avenue, West

Boston, MA 02215

Fax: (617) 353-7700

Phone: (617) 353-3549

[cthorn@bu.edu](mailto:cthorn@bu.edu)   
[cpr.bu.edu](file:///\\sar-netapp1\cpr\Recovery%20Services%20Division\All%20Staff%20Folders\Stephc13\Application%20Packets\Cpr.bu.edu)

**Recovery Services**

**STUDENT INTERN/ VOLUNTEER APPLICATION PACKET**



***Instructions: Please complete all sections. Once we receive your Application Form, we will contact you for an interview. Please attach a resume or CV. You can email or fax your application to Caitrin Thornhill at*** [**cthorn@bu.edu**](mailto:cthorn@bu.edu) ***or fax 617-353-7700***

|  |
| --- |
| **Today’s Date:** |

**PART 1: CONTACT INFORMATION**

**Name:**

**[Last Name] [First] [Middle Initial]**

**Mailing Address**

**[Street] [Apartment/Suite Number]**

**[City/Town] [State] [Zip Code]**

**Phone:**

**[Home] [Cell] {Best Time to Call}**

**Email:**

**Date of Birth: Age:**

**PART 2: EDUCATION**

**Section A:**

**Are you currently a Student? 🞐 Yes 🞐 No**

**If yes, what level? 🞐** Associate’s **🞐**Bachelor’s **🞐**Master’s **🞐**Post-Master’s   
**🞐**Peer advisor/counselor/educator **🞐 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of College/University:**

**Are you currently enrolled in a particular school or training program? 🞐 Yes 🞐 No**

**If yes, where?**

**Section B:**

|  |
| --- |
| **Internship/Placement** |
| **Name of course/program which you are doing your internship/Placement:** |
| **Instructor/Advisor’s Name:** |
| **Email:** |
| **Number of Hours required for internship/placement:** |
| **What are the requirements of this internship/placement? Please describe:** |
|  |

**Section C:  
Do you write or speak any languages other than English?** (**🗸**One) **🞐 Yes 🞐 No   
If Yes, which ones?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Speak** |  | **Write** |
|  |  | **Speak** |  | **Write** |
|  |  | **Speak** |  | **Write** |

**PART 3: EMERGENCY CONTACT INFORMATION**

|  |
| --- |
| **In case of an emergency, please contact the following person:** |
| **Name:** |
| **Relationship:** |
| **Address:** |
| **Phone (Primary):** |
| **Phone (Secondary):** |
| **Name:** |
| **Relationship:** |
| **Address:** |
| **Phone (Primary):** |
| **Phone (Secondary):** |

**Do you have any medical problems or allergies that we should be aware of in the unlikely event of any emergency? (Please describe**)

**PART 4: INTERESTS & GOALS**

**Why are you interested in doing an internship at the Center?**

**What do you hope to learn or experience by working at the Center?**

**Are there any particular aspects of our programs that interest you? Please describe.**

**Please use the space below to tell us anything else you’d like to about yourself or your interest in being an intern at the Center.**

**PART 5: PRIOR EXPERIENCE/ AVAILABILITY**

|  |  |  |
| --- | --- | --- |
| **Dates** | **Location** | **Activities** |
|  |  |  |

**Please list below any previous volunteer/training/work experiences you feel would be useful for your work at the Center:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Phone** |
|  |  |  |  |
|  |  |  |  |

**Please list below 2 personal or professional references (non-family):  
  
Please tell us about your schedule – what days/times are you available?** [*Note: The Center is open Monday – Friday, 9:00AM – 5:00PM*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Evening** |  |  |  |  |  |

**How did you find out about our services? (🗸All that applies)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Word of mouth from friend/student |  | Presentation |
|  | Word of mouth from family/relative |  | Mental Health Agency |
|  | Current/Former Recovery Center Participant |  | Printed materials |
|  | Academic Faculty/Instructor |  | Recovery Center website |
|  | Recovery Center Staff |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |