

Westminster Canterbury

SHENANDOAH VALLEY

300 Westminster-Canterbury Drive Winchester, VA 22603 www.svwc.org
Abigail D'Arcangelis, MT-BC, Internship Director P: 540-542-0656 F: 540-535-1537 adarcangelis@svwc.org

MUSIC THERAPY INTERNSHIP APPLICATION

PERSONAL DATA (Please print)

Name: _____

Home Telephone: _____ Cell Phone: _____

Email address: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Have you ever applied for a position with or worked for this company before? Yes No
If yes, specify dates: From: _____ To: _____

Have you ever been convicted of a crime other than a traffic violation? Yes No
If yes, state type and date:

Have you ever been convicted of a felony? Yes No
If yes, state type and date:

Has a finding ever been made against you for neglect or abuse of adults? Yes No
If yes, specify charges, type of court and date:

Are you related to any employee here? Yes No If yes, please specify:

Intended Internship Start Date: July January Year: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

EDUCATIONAL BACKGROUND

Name	City & State	Years Completed	Did you Graduate?			
High School					Major:	Degree:
College						
Other						

Academic Director: _____

Primary Instrument: _____



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EMPLOYMENT HISTORY

Please list your present and past work experience, related and unrelated, for the last 10 years, beginning with your current job. Include part-time work and military service.

Company or Employer:

Full-time Part-time

Your Position:

Dates Employed: to

Address:

Phone: ()

Duties:

Immediate Supervisor:

Last Salary:

Starting Salary:

Reason for leaving:

Company or Employer:

Full-time Part-time

Your Position:

Dates Employed: to

Address:

Phone: ()

Duties:

Immediate Supervisor:

Last Salary:

Starting Salary:

Reason for leaving:

Company or Employer:

Full-time Part-time

Your Position:

Dates Employed: to

Address:

Phone: ()

Duties:

Immediate Supervisor:

Last Salary:

Starting Salary:

Reason for leaving:



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MUSIC THERAPY INTERNSHIP APPLICATION

PRACTICA EXPERIENCE

Please list your music therapy clinical practica experience, starting with your most recent placement.

Company/Facility:

Dates: to

Address:

Services Facilitated: 1-on-1 group

Phone: ()

Supervising MT-BC:

Clinical Population Served:

Responsibilities:

Primary facilitation instrument(s) used:

Techniques used:

May we contact the supervising MT-BC? Yes No

Company/Facility:

Dates: to

Address:

Services Facilitated: 1-on-1 group

Phone: ()

Supervising MT-BC:

Clinical Population Served:

Responsibilities:

Primary facilitation instrument(s) used:

Techniques used:

May we contact the supervising MT-BC? Yes No

Company/Facility:

Dates: to

Address:

Services Facilitated: 1-on-1 group

Phone: ()

Supervising MT-BC:

Clinical Population Served:

Responsibilities:

Primary facilitation instrument(s) used:

Techniques used:

May we contact the supervising MT-BC? Yes No



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MUSIC THERAPY INTERNSHIP APPLICATION

Company/Facility:

Dates: to

Address:

Services Facilitated: 1-on-1 group

Phone: ()

Supervising MT-BC:

Clinical Population Served:

Responsibilities:

Primary facilitation instrument(s) used:

Techniques used:

May we contact the supervising MT-BC? Yes No

Please list additional relevant volunteer experience:

Please provide any additional information such as special skills, training, interests, awards, or qualifications you feel will be helpful to us in considering your application:

REFERENCES (Do not include relatives)

Name:

Address:

Phone #:

Email:

Relationship:

Years Known:

Name:

Address:

Phone #:

Email:

Relationship:

Years Known:

Name:

Address:

Phone #:

Email:

Relationship:

Years Known:



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MUSIC THERAPY INTERNSHIP APPLICATION

APPLICATION ATTACHMENTS: (check all that are attached to application for submission)

- | | |
|--|--------------------------|
| 1. cover letter of interest | <input type="checkbox"/> |
| 2. resume | <input type="checkbox"/> |
| 3. letter of verification from Academic Director | <input type="checkbox"/> |
| 4. three letters of recommendation | <input type="checkbox"/> |
| 5. official copy of college transcript | <input type="checkbox"/> |
| 6. two samples of clinical writing, e.g., assessment, progress or SOAP notes, etc. | <input type="checkbox"/> |

CERTIFICATION AND AUTHORIZATION

I have applied for the position of music therapy intern with Shenandoah Valley Westminster Canterbury (SVWC). I certify that the information given by me in this application is true in all respects. I authorize the use of any information in this application to verify my statements, and I authorize all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment and practicum record. I release all such persons from any liability or damages on account of having furnished such information. A copy of my signature or faxed signature will be considered as if it were an original signature.

I understand that I may be interviewed and may be required to attend an orientation session and training before I can be placed as a music therapy intern at SVWC. I understand that I will have to complete a drug screening, criminal background check, and have a TB test completed prior to being placed as a music therapy intern at SVWC. I understand that internship will not begin until a Legal Affiliation Agreement is established and signed by my academic institution and SVWC.

I understand that I am free to resign from my position as music therapy intern at any time, with written notice to the Internship Director at SVWC and the affiliated university. I understand that SVWC reserves the right to terminate me as music therapy intern for reasons including, but not limited to, failure to comply with SVWC and internship policies and procedures

I promise to consider confidential all information that I obtain through my music therapy internship assignment at SVWC. Any violation of confidentiality will be reason to terminate me as an intern.

Date

Signature of Applicant