



300 Westminster-Canterbury Drive Winchester, VA 22603 [www.svwc.org](http://www.svwc.org)  
Abigail D'Arcangelis, MT-BC, Internship Director P: 540-542-0656 F: 540-535-1537 [adarcangelis@svwc.org](mailto: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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## MUSIC THERAPY INTERNSHIP APPLICATION

### 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:

Starting Salary:

Last Salary:

Reason for leaving:

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Company or Employer:

Full-time ☐ Part-time ☐

Your Position:

Dates Employed: to

Address:

Phone: ( )

Duties:

Immediate Supervisor:

Starting Salary:

Last Salary:

Reason for leaving:

---

Company or Employer:

Full-time ☐ Part-time ☐

Your Position:

Dates Employed: to

Address:

Phone: ( )

Duties:

Immediate Supervisor:

Starting Salary:

Last 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 ☐

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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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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

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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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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