



Intern Application

The Next Door provides a continuum of evidence-based services for women and their families impacted by addiction, mental illness, trauma and/or incarceration with Christ-centered compassionate care.

Name: _____ Female Male

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____ **Email:** _____

Best way to contact you: Phone Email **Birthday** _____ (MM/DD/YYYY)

Employer (if any): _____

I am looking to be placed for a clinical non-clinical **internship.**

Please indicate site location for placement: Nashville Chattanooga (clinical only)

School you are attending and Field of Study: _____

Undergraduate Graduate

Name of School Supervisor or Advisor: _____

Have you ever interned or volunteered for The Next Door? No Yes **If YES,** describe your involvement and *approximate* date: _____

Please tell us any skills / training that might be helpful to The Next Door (i.e.: Counseling, Medication Management, Mental Health, etc.) _____

Please indicate your Primary Interest(s):

- Counseling Development Group Therapy Human Resources
 Marketing Mental Health Women & Children Other _____

Please indicate your specific beginning and end dates.

Begin Date (Fall, Spring or Summer Semester): _____

End Date (Fall, Spring or Summer Semester): _____

Do you currently have a relative or friend in one of our programs? No Yes

Have you ever been convicted of a crime? No Yes **If YES, please explain:**

Emergency Contact

In the event of an emergency, please contact:

Name: _____ Phone: (____) _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Should hospitalization be required and I am unable to communicate this need to the responders, please take me to the following hospital, if able:

Confidentiality Policy: The Next Door is an organization committed to meeting the needs of its residents. To do this, it is critical that information about residents remain confidential. As an intern, you will have access to information that should not be shared with others. Lack of confidentiality is a violation of a residents' rights and a violation of HIPAA, a federal law protecting an individual's information.

I understand the importance of confidentiality. I understand that I can be asked to leave The Next Door as an intern if I do not comply with the policy.

 Signature

 Date

Universal Precautions: I understand the importance of Universal Precautions and will practice them while interning at The Next Door.

 Signature

 Date

Reference: Please provide contact information of someone who can provide a reference on you. (Please do not list anyone related to you.)

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Unless otherwise directed, please return completed application to:
mackenzie.mayer@thenextdoor.org or fax to (423) 779-1318