



## \* Graduate Counseling Intern Application\*

**Kelly's Grief Center  
135 E. Erie Street, Suite 302  
Kent, Ohio 44240  
330.593.5959**

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### **Counseling Internship Opportunities**

Kelly's Grief Center offers unpaid graduate counseling internships that commit to two (2) consecutive semesters with the ability to continue counseling services between semesters. Preference for internships would be for fall and spring semesters to ensure hours are met, however, will discuss summer opportunities.

If you are interested in a graduate internship opportunity with Kelly's Grief Center, please complete the attached Counseling Intern Application & Agreement (4 pages) and return it to Kelly's Grief Center in person or email to [kellysgriefctr@gmail.com](mailto:kellysgriefctr@gmail.com) with **Internship Application in the subject line.**

If you have other questions or need additional information regarding counseling internships please contact Kelly's Grief Center at 330.593.5959 or [kellysgriefctr@gmail.com](mailto:kellysgriefctr@gmail.com).



## Kelly's Grief Center Graduate Counseling Intern Application

**PLEASE PRINT ALL INFORMATION**

What type of internship are you applying?      Practicum Student                      Counselor in Training Intern

Name \_\_\_\_\_  
                                Last                                                  First                                                  M.I.

Home Address \_\_\_\_\_  
                                                                Street                                                  Apartment Number

City                                                  State                                                  Zip Code

Home Phone \_\_\_\_\_      Work Phone \_\_\_\_\_      Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_                          DOB \_\_\_\_\_

Have you previously volunteered or applied for employment with Kelly's Grief Center?      Yes      No

University/College \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Please provide name of your practicum or internship professor \_\_\_\_\_

Professor's Contact Number and Email \_\_\_\_\_

Have you previously completed counseling internships at any other program/organization?      Yes      No

If Yes, where and when? \_\_\_\_\_  
\_\_\_\_\_

How did you learn about our organization? (Please check all that apply)

School      Newsletter      Television      Radio      Speaker from Kelly's Grief Center      Another Volunteer  
Internet      Volunteer Match                          Other \_\_\_\_\_

Are you interning to fulfill a class requirement?      Yes      No

If yes, how many hours are you required to complete? \_\_\_\_\_ Date to be completed \_\_\_\_\_

Are you able to make at least a two-semester commitment?      Yes      No

Are you a current or former client of Kelly's Grief Center?      Yes      No



If a former client, how long ago since you last received services? \_\_\_\_\_

***Kelly's Grief Center's policy does not allow any person who has received services within the past 3 years to volunteer or work for the agency.***

When are you available to volunteer? (Please indicate days and times available)

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_  
Fri \_\_\_\_\_ Sat \_\_\_\_\_ Other \_\_\_\_\_

Please list any special skills or areas of expertise that you possess:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION YOU SHOULD KNOW:**

- Approved Interns must complete all training relevant to Kelly's Grief Center, i.e. orientation, Simple Practice, and group training.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

***For Office Use Only:***

\_\_\_\_ Check if applicant has completed required training \_\_\_\_\_ Date Completed



## Kelly's Grief Center Counseling Intern Agreement

This agreement is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between \_\_\_\_\_ and Kelly's Grief Center.

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**CONFIDENTIALITY:** As an intern of Kelly's Grief Center, I understand:

- I may learn the identity of clients or previous clients of Kelly's Grief Center.
  - I acknowledge that the information I learn at Kelly's Grief Center concerning the lives of the clients, staff and volunteers is private and confidential both while volunteering at Kelly's Grief Center and after leaving.
  - I will respect the rights of Kelly's Grief Center clients, staff and volunteers.
  - I will not discuss confidential information except in the performance of my duties as a volunteer.
  - I understand that if information is requested by someone outside of Kelly's Grief Center, I am to respond with the statement, "Kelly's Grief Center's policy does not permit me to give out that information." This includes whether or not a person is or has been served by Kelly's Grief Center. I will immediately direct all requests for information to the agency's Executive Director who is the Custodian of Records.
  - I will only disclose a client's confidences to someone if, 1) Mandated by law; 2) To prevent or clear immediate danger to a person or person; and 3) when I am compelled to do so by a court or pursuant to the rules of a court.
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**COMMITMENT:** Anyone attending training at Kelly's Grief Center for educational purposes only must still comply with the rules set by Kelly's Grief Center. As a volunteer for Kelly's Grief Center, I agree to the following:

- I will keep to the schedule as agreed upon with my Supervisor and/or the Manager of Volunteer Services.
  - If I cannot make this schedule, I will notify my Supervisor as soon as possible.
  - If I must terminate my volunteer activities, I will notify my Supervisor four weeks (if possible) prior to the effective date.
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**PROFESSIONALISM:** As a volunteer, I realize that certain standards of professional conduct apply to my performance at Kelly's Grief Center and that professional ethics apply to the work performed. As a volunteer for Kelly's Grief Center, I agree that:

- I will perform my responsibilities to the best of my ability and in accordance with the standards as discussed with me by my Supervisor.
- I will discuss any questions and concerns with my Supervisor.



- Attendance will be the number of hours as required of the University practicum or internship.
- I recognize that it is inappropriate for volunteers to develop a personal relationship with any client of Kelly's Grief Center.
- As a counseling intern at Kelly's Grief Center, I will be required to keep valid Professional Liability Insurance coverage at all times.
- Non-compliance with any of the above statements may be grounds for dismissal.

**EXPECTATIONS:** Kelly's Grief Center is a non-profit organization. To ensure our clients receive the best services we as a team commit to assisting in the following:

- Fundraising events, by either attending, soliciting donations, assist in advertising etc.
- Assist in duties to keep Kelly's Grief Center presentable for our clients.
- Market Kelly's Grief Center by distributing materials to various community partners.
- Participate in speaking engagements.
- Attend conferences.

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**TERMINATION:** The activities listed below constitute a breach of professional guidelines and are grounds for possible termination as an intern. The following activities will be referred to your Supervisor and/or the Executive Director for immediate action:

- Giving out your personal telephone number(s) or email address or those of any volunteer, staff or client.
- Meeting a client in person outside of Kelly's Grief Center, unless cleared through your Supervisor.
- Using drugs and/or alcohol while volunteering at Kelly's Grief Center.
- Carrying weapons on Kelly's Grief Center property at any time.
- Demonstrating disrespect of the feelings, views and actions of clients, staff and volunteers and using inappropriate channels to express opinions on these matters.

Before starting intern duties at Kelly's Grief Center, you must first meet with your supervisor and complete training.

By signing below, I agree that I have read and understand all policies set forth in Kelly's Grief Center's Counseling Intern Agreement and agree to abide by the policies at all times. Failure to follow these policies may result in the termination of your intern duties at Kelly's Grief Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kelly's Grief Center Staff Signature

\_\_\_\_\_  
Date