

**APPLICATION FOR 2014 SUMMER INTERNSHIP**

Please return the completed application to:

Hilary Parsons  
Cleveland Clinic, Center for Pediatric Behavioral / CR11  
2801 Martin Luther King Jr., Dr.  
Cleveland, OH 44104  
Attn: Summer Treatment Program Staff

Deadline: March 21, 2014

Date \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please place an **X** next to the position for which you are applying. If you are applying for more than one position, please indicate your first preference with a 1 and your second preference with a 2.

Graduate Lead Counselor \_\_\_\_\_ Undergraduate Counselor \_\_\_\_\_  
Academic Learning Center Teacher \_\_\_\_\_ Academic Learning Center Aide \_\_\_\_\_ Research Interest \_\_\_\_\_

**PERSONAL INFORMATION**

Your Name \_\_\_\_\_  
Last First MI

Current Address \_\_\_\_\_  
Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Birth Date \_\_\_\_\_

If you will be leaving your current address and living at a different address after June 1, 2014 please list that address and phone number below:

Address \_\_\_\_\_  
Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date of move: \_\_\_\_\_

OFFICE USE ONLY

o A/P rec Date \_\_\_\_\_ o A/P rev Date \_\_\_\_\_ o N/L snt Date \_\_\_\_\_ o R/L snt Date \_\_\_\_\_

Please list your permanent address and phone number:

Perm. Address \_\_\_\_\_

Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

	School/College/University	From/To	Degree	GPA	Major
Undergraduate					
Graduate (if applicable)					

**JOB EXPERIENCE WITH CHILDREN**

Employer A \_\_\_\_\_ From/To \_\_\_\_\_

Address \_\_\_\_\_

Nature of job \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer B \_\_\_\_\_

From/To \_\_\_\_\_

Address \_\_\_\_\_

Nature of job \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**ADDITIONAL INFORMATION**

List relevant undergraduate and graduate (if applicable) courses you feel qualify you for staff participation in the Summer Treatment Program (e.g., psychology, computer science, statistics, education, educational psychology, social work and related fields).

_____	_____
_____	_____
_____	_____
_____	_____

Briefly describe any additional work experience with children you have had other than that listed above.

\_\_\_\_\_

\_\_\_\_\_

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Briefly describe any research experience you have had other than that listed above.

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List any publications, reports, or special projects on which you have worked.

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Please mark an X in the box (es) that most thoroughly describes your experience with the following sports. Choose all that are relevant.

	Don't know at all	Play recreationally	Know rules and fundamentals	Play on a team	Coaching experience
Basketball					
Soccer					
Softball					
Swimming					

Are you currently certified in First Aid, CPR, Lifeguarding, or Water Safety Instruction?

First Aid	Y	N
CPR	Y	N
Lifeguarding	Y	N
Water Safety	Y	N

What is the age of children with whom you are interested in working:

6-7 years	Y	N
8-9 years	Y	N
10-11 years	Y	N
12-14 years	Y	N

**REFERENCES**

Please write the name, title, complete address, and phone number of the person who referred you to this program. If you learned about the Cleveland STP through another source (e.g., newsletter, Internet), please note the source.

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We require three written reference letters along with your application. **Your interview will be scheduled after we receive your application, resume, and all three reference letters.** Please list the name, title, and complete address of the persons who will be writing letters of recommendation for you. Your letters may arrive separately from the application. Please note, not all applicants are offered an interview depending on positions that have been filled. It is your responsibility to ensure all materials arrive in a timely manner. Please call the STP voicemail at 216-444-0075 if you have questions about the interview process.

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