



INTERNSHIP PROGRAM

Lifeline Connections offers a limited number of internship slots per year in the fields of mental health and substance use. Interns within our program are provided an opportunity to learn in a variety of residential and outpatient environments. These internship opportunities are offered to motivated, reliable and dedicated individuals who want to learn about providing superior assistance to the people we serve.

OUR MISSION

Through the use of superior customer service, high quality programs and a well trained and dedicated staff, our mission is to inspire hope and support life saving changes for people affected by substance use and mental health conditions.

If you are interested in joining our team, please complete the internship application and submit it with all supplemental materials to employment@lifelineconnections.org. All materials are expected to be submitted at least 3 weeks prior to your expected start date.

Once your application is received, you will be contacted by a Lifeline employee to set up an interview with our clinical supervisor and program staff. If you are chosen for an internship at Lifeline Connections, you will be notified by our Human Resources Department.

To be accepted the following requirements will be met:

- Internship application
- Interview
- Criminal background check
- Pre-internship drug screen
- An active WA State DOH credential or a completed application 4 weeks prior to the internship start date
- Draft professional development plan outlining learning objectives

If allowed by your college program, we may offer supervised hours that qualify toward a Chemical Dependency Professional Certification (CDP) and Licensed Mental Health Clinician (LMHC) for Washington State.

INTERNSHIP STRUCTURE

The first 2 weeks of the internship consists of an observational learning experience to gain an understanding of each program within Lifeline. You will have the opportunity to observe the daily functions of our residential services including detoxification and outpatient mental health/co-occurring/substance use programs. After the completion of this observational experience, you will be placed in your internship site program.

All interns are required to complete a final professional development plan with their on-site internship supervisor outlining the learning objectives to be met within the first week.

PROGRAM SITE CHOICES

16 bed detoxification program
60 bed residential program
16 bed residential program

Mental Health/Co-occurring program
Substance Use outpatient program
Therapeutic Specialty court program

Internship Application

Lifeline Connections is an equal opportunity employer, dedicated to ensuring that no person shall be discriminated against on any basis, including race, color, age, gender, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

Lifeline Connections is committed to achieving an alcohol and drug-free workplace. Alcohol and other drug abuse is a significant public health problem and has a detrimental effect on decreased productivity, injuries, theft and absenteeism. Accordingly, we have an obligation to maintain a safe, healthy and productive working environment and to protect the company's property, operations and reputation by establishing a drug-free workplace program. Therefore, a pre-employment, random, and for cause drug screen policy will be enforced. All employment and internship offers are pending satisfactory pre-employment drug test results. **Complete the entire application to ensure processing.**

In addition, you must submit a copy of your internship contract/requirements and at least 2 writing samples with your completed application (i.e. treatment plan, case note, short essay, etc. Limit each sample to 3 pages or less.)

Desired Program: _____ Application Date: _____

Read each question carefully, print clearly, and answer to the best of your ability.

General Information

Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Primary Phone: () _____ Secondary Phone: () _____

How did you hear about the Agency? _____

Education	Name and Location of School	Years Completed	Graduate	Degrees Received
High School		1 2 3 4	Y N	
Major, Minor, Awards, Honors, Accomplishments: _____				
College/University		1 2 3 4	Y N	
Major, Minor, Awards, Honors, Accomplishments: _____				
College/University		1 2 3 4	Y N	
Major, Minor, Awards, Honors, Accomplishments: _____				
Other		1 2 3 4	Y N	
Major, Minor, Awards, Honors, Accomplishments: _____				

Relevant Employment

Okay to contact current employer? yes no

List any relevant work experience starting with the most recent; include any relevant military service and/or volunteer work.

Company Name: _____ Phone Number: () _____

Address: _____ City, State, Zip: _____

Supervisor: _____ From (mo/yr): _____ To (mo/yr): _____

Job Title: _____ Ending Salary: _____ Per: _____

Main Job Functions: _____

Reason for Leaving: _____

Company Name: _____ Phone Number: () _____

Address: _____ City, State, Zip: _____

Supervisor: _____ From (mo/yr): _____ To (mo/yr): _____

Job Title: _____ Ending Salary: _____ Per: _____

Main Job Functions: _____

Reason for Leaving: _____

Company Name: _____ Phone Number: () _____

Address: _____ City, State, Zip: _____

Supervisor: _____ From (mo/yr): _____ To (mo/yr): _____

Job Title: _____ Ending Salary: _____ Per: _____

Main Job Functions: _____

Reason for Leaving: _____

Authorization to Investigate

I hereby authorize Lifeline Connections to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Lifeline Connections to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information.

 Applicant Signature Date

Program & Certifications

List any certifications or licenses you hold (e.g. CDP, CNA, 1st Aid, CPR, etc.) and include the license number:

Explain the details of your current educational program and expected completion date:

Describe what you are hoping to accomplish with your internship:

Why have you chosen Lifeline Connections:

List any relevant coursework:

Internship Details

Length of Internship: _____ Projected Start Date: _____ Hours per week: _____

Availability: _____

Other internship requirements:

Internship Coordinator Contact:

Name: _____ Title: _____ Phone: _____

Background Check Notification

We are required to notify you that we plan to conduct a criminal background check for the purposes of employment and/or contracting and/or student placement and/or volunteer screening consistent with RCW 43.43. Pursuant to this statute, you are required to answer the following questions "yes", or "no" and to disclose in writing all crimes against children or other persons and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult. An arrest or conviction does not necessarily disqualify you from employment. Circle "yes", or "no" after each question:

Instructions: Each question must be answered, do not leave any space blank.

Name: _____ Date of Birth: _____
Last First Middle Month / Day / Year

All Previous or Alias Names (Include maiden): _____

1. Have you ever been convicted of any crime?

→ **Yes** **No**

2. Have you ever been convicted of any crime against children or other persons?

→ **Yes** **No**

3. Have you ever been convicted of or found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

→ **Yes** **No**

4. Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830 ("crimes relating to drugs means a conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.")?

→ **Yes** **No**

5. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused a minor?

→ **Yes** **No**

6. Have you ever been found in court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

→ **Yes** **No**

7. Have you ever been found by any disciplinary boards final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused financially or exploited any vulnerable

→ **Yes** **No**

As a condition of my candidacy for employment with Lifeline Connections, I understand that a state and/or federal criminal background check will be conducted for employment purposes. By signing this Acknowledgement and Authorization I authorize Lifeline Connections to access such information as may be necessary to complete a criminal background check. I release from liability all persons and entities supplying such information and indemnify Lifeline Connections against any liability which may result from making such requests and I fully understand the terms of this Acknowledgment and Authorization.

I certify that all statements given on this application are correct. I realize that falsification or misrepresentation, including omission, of this or any other personnel record may result in my discharge regardless of when such falsification or misrepresentation or omission is discovered. In the event of employment, I agree to abide by all present and subsequently issued rules of the company, and recognize that my employment is at will and can be terminated at any time by me or by the company with or without cause, other than for a reason which is prohibited by law. I understand that (except for a written employment agreement for a fixed term) no representative of the company has authority to enter into any agreement with me for a specified period of time, or that is not terminable at will by me or the company, or to make representations contrary to the foregoing. Also, I certify that I am able to perform the essential functions of the job with or without reasonable accommodation.

Applicant Signature

Date