SUNSHINE TERRACE FOUNDATION

Music Therapy Internship
Application Form

(Please type or print clearly)

DATE: _____ EMAIL: _____

NAME: _____DATE OF BIRTH: _____

ADDRESS: _____PHONE: _____

COLLEGE OR UNIVERSITY: _____

STARTING DATE REQUESTED: _____

1. How many institutions are you actively applying to at this time?

2. List instruments you play proficiently enough to use in therapy groups or with individuals, or to teach.

3. Due to the vulnerable nature of our clientele, a criminal background check is necessary in order for a music therapy intern to work with patients. Sunshine Terrace Foundation will pay for the background check but the individual applicant must pay the official digital fingerprinting. (About $17.00). Will you agree to have a criminal background check and to bear this cost before beginning your work here?

4. Are you currently being or have you ever been convicted of a felony?

5. Do you now or have you ever had any problems with controlled substances?

6. Will you agree to have a TB skin test on site, or bring the results of a recent (within the previous 6 months) TB test with you on the starting date? (On site will be no cost to intern)

ON A SEPARATE SHEET OF PAPER, PLEASE ANSWER THE FOLLOWING:

7. What do you hope to gain from your internship experience? Please list specific objectives. Why have you chosen Sunshine Terrace?
8. Describe your strengths and areas of improvement.
9. What is the greatest accomplishment of your life to date?
10. Where do you see yourself in 10 years?
11. Where do you see Music Therapy in 10 years?
12. How will you contribute to Sunshine Terrace if you are chosen for this internship?
13. List all experiences you have had in pre-internship clinical experience. Please be concise but comprehensive, giving description and name of institution, type of clients, dates, responsibilities, therapy techniques and results.

14. List other experiences that have prepared you to assume the responsibility of independent work.

In addition to this application, please send:

A. Three letters of recommendation from:

1. The director of the Music Therapy program at your present school, to serve as both a recommendation and to certify your eligibility for internship.

2. A clinical supervisor

3. A person of your choice, not a family member or work supervisor.

Please include phone numbers and email addresses for reference checks.
Please have these letters sent directly to me via email or through the postal service.

B. **Official** transcript of all college academic work- must come from your Academic Institution directly.

C. A list of courses you are now taking or plan to complete prior to internship.

D. A sample session plan including goals, objectives and plan for an individual or group. Be sure to indicate type of population and facility setting.

E. Employment experience.

F. Musical training and background.

G. Any other information, which you feel, is relevant to the internship.

The Internship Committee at Sunshine Terrace will review applications. Those who qualify will be asked for a personal interview either via Zoom or on site when possible before a final decision will be made.

I, the undersigned, attest that the above information is true and correct to the best of my knowledge. I understand that this information will be kept in confidence.

Signature: _____

Date: _____