HHMT Music Therapy

Internship Application

**Application Checklist:**

Thank you for taking the time to apply to our Internship program. We are very excited about our program and welcome the opportunity to work with emerging music therapy clinicians. Please review the following checklist before sending your application:

 \_\_\_\_\_\_ 1. Fill out the attached application in full

 \_\_\_\_\_\_ 2. Include 3 letters of recommendation

 \_\_\_\_\_\_ 3. Example of written work

\_\_\_\_\_\_ 4. Include with your application a current resume detailing all academic, professional, and relevant personal information

\_\_\_\_\_\_ 5. Official transcripts from your university (PDF file preferred)

If accepted for this internship, you may be required to undergo health & drug screenings and criminal background check. Interns must have a valid US Driver’s license, automobile insurance, and reliable transportation. Interns must provide documentation of liability insurance carried through their University or privately.

A personal interview is an additional part of the application process. You will be required to demonstrate your clinical and musical skills during the interview. If you are unable to attend a personal interview due to distance, then a phone or Skype interview will be conducted, during which you will be asked to demonstrate your skills.

Thanks again for applying. Feel free to call 407-712-3703 or email hhmtinterndirector@gmail.com with any questions you may have.

**Send complete application via email to: hhmtinterndirector@gmail.com**

**If you would like to send a paper copy of your application documents, contact Jessica DeKleva (internship director) via email for the mailing address.**

**Signature & Agreement**

I understand that if selected for an internship position, I may be required to undergo a criminal background check and drug screening. I will be required to provide proof of liability insurance, driver’s license, and reliable transportation. Signing this application confirms that I am eligible for Internship. All information supplied is complete, true, and correct.

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

Applicant’s Signature Date

HHMT Music Therapy

Internship Application

**Applicant Information:**

*\*\*Please print clearly or type*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_\_

Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Date of Coursework Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Instrument: \_\_\_\_\_\_\_\_\_\_\_\_

Awards, Scholarships, Special Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Music Class & Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Musical Proficiency:**

*\*\*Please complete the chart below, adding any additional instruments in which you are proficient*

|  |  |  |
| --- | --- | --- |
| **Instrument** | **Years of Study** | **Skill Level (beginning, intermediate, advanced** |
| Voice |  |  |
| Guitar |  |  |
| Piano |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

HHMT Music Therapy

Internship Application

**Professional & Career Goals:**

*Answer the following questions in complete sentences and paragraphs. Please type answers under the corresponding question.*

1. List all music therapy experience you have had. Include setting/location, population, brief details of your role in this experience, and reasons as to whether or not you would enjoy working in these settings as a professional music therapist.
2. Tell us about other educational or training experiences you have had outside of your music therapy coursework that have helped shape your view and understanding of music therapy.
3. Tell us about all of your performance experiences.
4. Describe your strengths and weaknesses that affect your performance as a music therapist and as a professional.
5. What area do you feel that you need the most improvement to become a successful music therapist?
6. What population(s) are you most interested in working with and why?
7. What population(s) are you least interested in working with and why?
8. Why do you want to intern with Healing Hearts Music Therapy, LLC and what do you hope to gain from this internship experience?
9. What type of supervision do you find most beneficial to your own learning process?
10. Is there any additional information you would like to share that may be relevant to your application?

**INCLUDE THE FOLLOWING WITH YOUR APPLICATION**

1. Three letters of recommendation from the following:
	1. Director of Music Therapy
	2. Practicum Supervisor
	3. Personal or Employment Reference

*\*\*\*Letters of recommendation should be sent directly to hhmtinterndirector@gmail.com\*\*\**

1. Example of written work (ex: session plans, research paper, article review, etc.)
2. Office copy of your transcripts (PDF file preferred)
3. Current resume including clinical training experience, music, and work experience.