

Internship and Clinical Practicum Application



Note: All interns that work directly with clients or client records must attend a training session, provided by TAT and Sacred Transformations. Apprenticeship will be conducted with Eric Dean Spruth, MA, ATR, Certified Laser Technician

Please, allow 2 to 4 weeks to process your application. Thank you.

PERSONAL INFORMATION

First Name	Middle Name or Initial	Last Name	
Preferred Name	Preferred Pronouns	Birthdate	
Street Address Line 1			
Street Address Line 2			
City	State/Province	Postal Code	Country/ Nation
Phone Number	E:Mail		
Social Security Number	<i>Note: Your social security number will not be sold, given, or shared to any other entity except required by court order. We hold this number in strict confidentiality and only use it for criminal background checks and for required IRS reporting.</i>		
Emergency Contact	Relationship	Phone	

EDUCATION

Current Grad School	G.P.A.	Year in Program
City	State/ Province	Country/ Nation
Undergrad College or University	Major / Minor	

Education Continued

Are you a full-time student? Yes No

How many hours of your clinical practicum or internship are you looking to fulfil? _____

Which theories of counseling/psychology/art therapy resonate most with your personal practice? Why?

Education Continued

Why did you choose to pursue a graduate study in counseling and/or art therapy? Try to avoid the simple answer of, "I want to help people." Please, focus your answer on personal drives and interests that brought you to this field.

Our organization offers the opportunity for every individual to design and implement an art therapy service of their choice with the population of their choice. We provide the support, direction, and guidance for each student to be successful in perusing this endeavor in addition to our tattoo-based art therapy services. Are you interested in learning how to start your own art therapy service in the community? Do you consider yourself an independent and driven individual? Why? Or why not?

A large, empty rectangular box with a thin blue border, occupying the majority of the page below the text. It is intended for a user to provide a response to the questions posed in the text above.

Do you have any Tattoos? Yes No


Do you think there is a therapeutic value to giving and attaining tattoos? Please explain your answer.

How would you explain our organization and what we do to people who think tattoos are demonstrative or are negative in appearance? How would this explanation help?

Do you consider yourself an artist? Please explain your answer and who or what inspires you?



Please, list and special, personal or professional skills such as educational, organizational, graphic design, marketing or entertainment which you think may be valuable to our organization.



Have you ever been convicted of a crime? Yes No

NOTE: An arrest or conviction does not exclude you from volunteering or intern work with TAT or Sacred Transformations. However, we do work with certain institutions that do. Except for these few circumstances we would love to have you intern providing your participation is within the law. We believe people change, and we honor and respect that change.

If you have a conviction, please list the conviction, conviction date and current status.

I, _____, hereby attest that all the above
(Print full legal name as it appears on government issued ID)
information is true and accurate to the best of my knowledge.

_____ By initialing here, I give Tattoo Art Therapy (TAT) and Sacred Transformations permission to use my likeness in promotional materials including social media, video, and other media related outsources which will be used for advertising, informational and fundraising efforts.

While we provide services in the city of Chicago, and have weekly scheduled meeting (TBD), we may also meet at the following locations as needed,

- Sacred Transformations, 288 South Lake Street, Gary, IN
- Chinatown Public Library
- The Art Institute of Chicago
- The Garfield Park Conservatory
- Bare Tattoo and Hair Removal at 9339 Calumet Ave, Munster, IN 46321

_____ By initialing here, I understand I may be required to meet at any but not limited to the locations above.

_____ By initialing here, I give permission for TAT and Sacred Transformations to run a criminal background check. I understand that this is done in confidentiality and only to verify ability to work with certain groups by law; such as juveniles, abuse shelters, and detention centers

Signature (If submitting digitally via website or e-mail, print full legal name)

Date

Please return this application to Sacred Transformation by either method below if not submitted online. Also please include up to 7 examples of your personal artwork as attachments or hard copies,

E-mail: timeforink@gmail.com

Mail: Sacred Transformations
288 S Lake St
Gary, In 46403