



## Graduate-Level Counseling Internship Application:

Thank you for your interest in interning with the Compass Center. Please send your cover letter, resume, and this completed application to: [briana@thecompasscenter.org](mailto:briana@thecompasscenter.org) or via mail to:

The Compass Center  
ATTENTION: Briana Halse  
1704 S. Cleveland Ave  
Suite 3  
Sioux Falls, SD 57103

**Name of Applicant:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Expected Graduation Date:** \_\_\_\_\_

**Is this a Master's program (Please check one)?**

- Yes
- No

**Semester(s) of Internship (Please check all needed):**

- Fall
- Spring
- Summer

**Hours required by school for internship:** \_\_\_\_\_ **hours**

**The Compass Center (TCC) required length of internship may be longer than school required length of internship. Are you will to commit to our hour requirement if longer?**

- Yes
- No

**Have you completed practicum?**

- Yes
- No



**Personal Contact Information:**

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

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

E-mail: \_\_\_\_\_

**General:**

Why are you interested in interning with this agency?

What are some of your skills/qualities that you would like to share during your internship with the Compass Center?

What past experience do you feel would be applicable to working with individuals who have experienced traumas, specifically domestic violence and/or sexual assault?

Do you have a personal connection to domestic violence and/or sexual assault? If so, how do you feel this connection would impact you while interning with the Compass Center?

What population are you most interested in working with during your internship?



What are you hoping to learn/what skills are you hoping to develop during your internship?

**What are your hours of availability?** *The Compass Center requests you are available 20-25 hours per week, including one evening per week. Please note availability in this table.*

Monday (Open 9am-5pm)	Tuesday (Open 10am-8pm)	Wednesday (Open 9am-5pm)	Thursday (Open 10am-8pm)

**Please list three references (supervisors, professors, co-workers).** *The Compass Center requests that you list at least one individual who has observed your clinical skills.*

Name of Individual	Relationship	Phone/E-mail (list both if known)
1.		
2.		
3.		

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_