



PONESSA

BEHAVIORAL HEALTH

Corporate Office: 410 N. Prince St. • Lancaster, PA 17603 • Phone: (717) 560-7917 • Fax: (717) 560-6452 • www.ponessa.com

Internship Application For Undergraduate Level Interns

Ponessa Behavioral Health has an internship program for undergraduate students in psychology, social work, and other related fields. The focus of the Undergraduate Internship Program is for students to gain an understanding of mental health work and gain experience working with client populations. Undergraduate interns shadow professionals within the Intensive Behavioral Health Services (IBHS) program, which provides services in schools, homes and communities for children/adolescents that have significant behavioral health disorders. The age range of the clients span from age 3 - 21, with most clients between the ages of 5 – 12. The IBHS staff work with clients and their caregivers. There are a variety of experiences that provide interns with a wide range of cultural experiences. Interns are also provided with the opportunity to work with clients professionally once they have completed certain training and shadowing requirements. Undergraduate interns attend supervision groups and trainings that are available at Ponessa Behavioral Health. Internships are available at all Ponessa Behavioral Health locations, which includes Chester, Lancaster, Lebanon, Dauphin, York, and Cumberland/Perry counties.

Interested undergraduate students should complete the following application process to be considered for an internship.

- Please submit your resume, unofficial transcript, letter of recommendation, and a written goal statement for your internship and future career goals. Undergraduate level students should be in their final year of their program and be enrolled in an internship class. All applicants must have a minimum of a 3.2 GPA. Applicants must also have reliable transportation.
- Please include the total number of hours, expected experiences, and the start and end dates that your school requires for the internship. Name your school field coordinator or internship supervisor with contact information. Be aware of what evaluation process is needed for your internship as specified by your school.

There will be an interview process prior to internship to determine if a student is suitable for the internship program.

Please refer all questions and send materials to:

Theresa Goodling, M.S.
Undergraduate Internship Coordinator
Ph: (717) 560 - 7917
Fax: (717) 560 - 6452
theresa.goodling@ponessa.com

Chester County

390 Waterloo Blvd., Suite 120
Exton, PA 19341
Phone (610) 363-5500
FAX (610) 363-6499

Cumberland/Perry Counties

11 Sprint Drive, Suite 4
Carlisle, PA 17015
Phone (717) 386-5237
FAX (717) 386-5243

Dauphin County

900 North 6th St.
Harrisburg, PA 17102
Phone (717) 233-4027
FAX (717) 233-4047

Lebanon County

15 South 9th St.
Lebanon, PA 17042
Phone (717) 273-5992
FAX (717) 273-5995

York County

160 Roosevelt Ave.
York, PA 17401
Phone (717) 845-2425
FAX (717) 845-2682

PONESSA BEHAVIORAL HEALTH APPLICATION FOR PRACTICUM/INTERNSHIP

NAME: _____ DATE: _____
LAST FIRST MI

PRESENT ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE #: _____
HOME CELL PHONE

EMAIL ADDRESS: _____

What level of internship are you applying for? Graduate Undergraduate

PROGRAM INTEREST(S) (**Graduate-level only***): Mental Health Outpatient School Based Outpatient
 Substance Use Disorder Outpatient Partial Hospital Program

**all Undergraduate-Level interns are placed in the Intensive Behavioral Health Services (IBHS) program*

How Did You Learn About Us? Advertisement Job Fair (Specify): _____ Ponessa Website

Relative/Friend Ponessa Employee _____ Walk-In Other: _____

Date Available to Start: _____ Are there limitations to your schedule? YES NO

Please state day/time available for work: _____

Have you ever filed an application with us before? YES NO If yes, give date: _____

Have you ever been employed with us before? YES NO If yes, give date: _____

Do you have a valid driver's license? YES NO

Do you have a dependable vehicle available for work if a vehicle is required? YES NO

List any professional license(s): _____ License number(s): _____

If you have a professional license, has your professional license ever been revoked? YES NO

If yes, please explain: _____

List any relevant certifications or special skills (Ex- CPR, Sign Language, etc.): _____

List any foreign languages you can speak, read and/or write: _____

GENERAL INFORMATION:

1. Have you ever been an adjudicated delinquent of any offense and/or convicted (or plead guilty) of a summary, misdemeanor, or felony offense in this state or any other state? YES NO

If yes, please explain: _____

(Information regarding convictions will not necessarily disqualify you for practicum/internship, but will be reviewed in light of duties and responsibilities of the position being sought.)

2. Have you ever received Accelerated Rehabilitative Disposition (ARD) for any offense? YES NO

3. Have you ever been terminated from any job for any reason? YES NO

4. To your knowledge, are you related to a current employee of Ponessa Behavioral Health? YES NO

If yes, please state the name of the individual: _____

What is your relationship to him/her? _____

5. To your knowledge, do you, a family member, or anyone living in your household currently receive services at Ponessa Behavioral Health? YES NO

6. To your knowledge, have you, a family member, or anyone living in your household previously received services at Ponessa Behavioral Health? YES NO

If yes, who was the individual: _____ and when: _____

7. Are you a US citizen, US national, lawful permanent resident, lawful temporary resident, asylee, or refugee? YES NO

(The term "Lawful Temporary Resident" refers to aliens granted temporary resident status under amnesty programs, not to aliens holding short-term visas such as the H-1B, J, or F).

If "Yes", do not answer question 8. If "No", please answer question 8.

8. a) What is your current immigration status? _____

When does this status expire? _____
Month/Day/Year

b) Do you have an Employment Authorization Document? YES NO

If "yes", when does it expire? _____
Month/Day/Year

My signature below reflects my agreement that the above information is true to the best of my knowledge. I understand that any false answers, statements or representations made by me in this application shall constitute sufficient cause for dismissal. I understand that, if accepted for practicum/internship, I must abide by the rules and policies of Ponessa Behavioral Health.

Signature

Date