



9. **Why are you interested in volunteering/working at Clinica Romero?**

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10. **What is your availability?**

<b>Day</b>	<b>Hours</b>
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	

11. **How many months are you willing to commit to working at Clinica Romero?**

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12. **Please describe any previous experience you have had providing individual or group therapy:**  
(If this information is available on your CV or Resume, please note that below and attach the information to your application).

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13. **Do you have any other experience volunteering or working in the mental health field in addition to your answer to question 12?** Please describe. (If this information is available on your CV or Resume, please note that below and attach the information to your application).

14. **Have you conducted any therapy groups as the group leader or co-leader?** If so, please list and describe.

15. **Have you conducted individual therapy sessions before?** Please describe.

16. **Do you work from or adhere to any particular theoretical model?** If so, what?

17. **Do you hold any certifications or licensure in the mental health field?** If so please list.

18. **Have you had experience working with high risk patients (S/I, H/I, self-harm or violent behavior)?** If so, please describe.

19. **Do you have experience completing Department of Mental Health (DMH) paperwork? (Such as the Initial Assessment and/or CCCP? If so, with what forms are you familiar?**

20. **Please attach or provide below a writing sample of a progress note for an individual therapy session. Feel free to use a progress note format such as SOAP, DAP, etc. The note can be based on a session you have conducted (excluding identifying patient information) or it can be based on a typical initial therapy session.**

21. **Please list the contact information for three referrals who can provide information about your related academic or clinical experience.** (Include their name, telephone number, and/or email address).

Please sign and date:

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Signature:

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Date: