



Caring for the Heart - New England

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Gregory Meisel, Director/Counselor

Wendy Meisel, Counselor

INTERNSHIP APPLICATION

COST: One-time administrative fee of \$25 per individual; \$35 per married couple.

Then \$60.00 per case per individual; \$100.00 per case per married couple.

Checks should be made out to: *Caring for the Heart – New England.*

All fees must be paid in full at or before Orientation.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Church _____

Church Address _____

Pastor _____

Married _____ year of marriage _____ Single _____ Widowed _____ Divorced _____

When _____ Separated _____ When _____

Spouse's name _____

Names/ages of children _____

If ordained, indicate when, where, and by whom _____

1. Briefly share your testimony:

2. How long have you been a Christian? _____

3. Is your family (spouse and/or children) supportive of your involvement in counseling?
_____ Why or why not? _____

4. List your counseling experience:

5. List any seminars you have attended led by John Regier or other *Caring for the Heart* counselors:

6. Describe your counseling philosophy:

7. Describe your counseling training:

8. Describe your experiences in working with people, specifically where you desire to apply this training to your personal ministry:

9. Have you worked through the Rekindling Marital Intimacy and Biblical Concepts Training DVD sets before the internship?

10. Have you ever been convicted of a criminal offense (misdemeanor or felony, other than a driving violation) in a court of law? _____ If so, please describe the nature of the offense:

11. List names and addresses of 5 individuals, not related to you, who are well acquainted with you whom we may contact for further information:

Pastor _____

Teacher _____

Fellow worker or co-worker _____

Employer _____

Mature Friend _____

I attest that all information in this application is accurate. I hereby give "Caring for the Heart New England" permission to contact any person, facilities or institutions listed in this application.

Signature _____

Date _____

STATEMENT OF CONFIDENTIALITY

I understand that as an intern, I will be observing counseling sessions held by a counselor or counselors with a counselee(s). The discussion at these sessions must be held in the strictest confidence. Under no circumstances may information pertaining to clients be released or discussed outside the counseling sessions apart from discussion with the counselor(s) for purposes of teaching.

I have read this statement and agree to comply with these restrictions.

Signature _____

Date _____