



APPLICATION FOR MUSIC THERAPY INTERNSHIP*

Date: _____

Internship date for which you are applying: January April July October _____
(Please indicate first and second choice) (year)

What date do you or did you complete your academic training? _____

Name: _____
Street Address: _____
City: _____ State: _____ Zip code: _____
Telephone #: ____ - ____ - _____ Email: _____

EDUCATION

College: _____ Degree: _____

College: _____ Degree: _____

Graduate School: _____ Degree: _____

PERSONAL INFORMATION

Are you legally authorized to work in the U.S.? _____ Yes _____ No

Have you ever been convicted of a crime (*felony*)? _____ Yes _____ No

If yes, give details: _____

List instruments played with proficiency, including primary instrument: _____

Do you have any other skill(s) you wish to mention? _____

REFERENCES (letters of reference required):

1.	_____	_____	_____
	<i>Name – Academic Advisor</i>	<i>Occupation</i>	<i>Phone number</i>
2.	_____	_____	_____
	<i>Name</i>	<i>Occupation</i>	<i>Phone number</i>
3.	_____	_____	_____
	<i>Name</i>	<i>Occupation</i>	<i>Phone number</i>

I certify that the answers given by me to the foregoing questions are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my internship is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if internship is accepted, may be cause of termination. I also authorize the companies, schools or persons named above to give any information requested regarding my eligibility, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my internship, I agree to conform to the rules and regulations of this organization. My internship can be terminated with cause, and with notice, at anytime, at the option of my internship director, academic advisor, or myself.

Signature: _____ **Date:** _____

RETURN APPLICATION TO:

Lauren Patrick DiMaio, MMT, MT-BC, Internship Director
CarePartners Hospice and Palliative Care
PO Box 5779
Asheville, NC 28813

ATTACHMENTS TO BE SENT WITH APPLICATION

IMPORTANT : Note details regarding each item in Clinical Internship and Application Packet

- Three letters of reference (One from academic adviser also stating eligabilty for internship)
- Resume
- Copies of all transcripts
- Description of your philosophy and practice of music therapy
- Audition video

*** Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, disability, marital status, sexual orientation, or any other characteristic protected by law.**