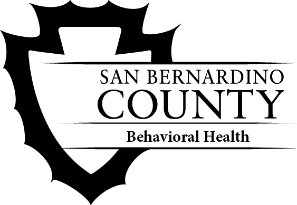
**San Bernardino County**

**Department of Behavioral Health**

**Social Work Internship Program Application and Instructions**

**About the Program**

To learn more about the program and requirements, please visit our website and view the Social Work Internship Program Brochure:

<https://wp.sbcounty.gov/dbh/careers/>

**Application Submission**

To apply to the Social Work Intern Program, email the items listed below to [internprograms@dbh.sbcounty.gov](mailto:internprograms@dbh.sbcounty.gov).

* + Completed Application Form
  + Resume

You will receive a confirmation email letting you know your application was received.

**Important Dates**

**Deadline:**

Applications for the Fall Intern Cohort are due on March 8, 2024.

**Interviews:**

Interviews will be conducted mid-March through early April 2024.

**Selection:**

Positions will be offered mid-April 2024.

**Start Date:**

Students will begin their internship mid-Aug. 2024.

**Social Work Internship Program Application**

|  |  |  |
| --- | --- | --- |
| Contact Information | | |
| Name: | | Date: |
| Address: | | |
|  | | |
| Home Phone: | Cell Phone: | |
| Personal Email: | | |
| School Email: | | |

|  |  |
| --- | --- |
| University Information | |
| Name of University: | |
| Field Director: | |
| Address: | |
|  | |
| Office Phone: | Cell Phone: |
| Program: BSW MSW 1st Year MSW 2nd Year | |
| Requested Internship Start Date (Month/Year): | |

|  |  |
| --- | --- |
| Additional Information | |
| Bilingual: Yes No | Language: |
| Verbal: Yes No | Written: Yes No |

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| Question 1/3: Why are you interested in an internship position with San Bernardino County Department of Behavioral Health? |
| Page 2 of 4 |
| Question 2/3: Based upon your knowledge of the Department of Behavioral Health, how do you see an intern experience here fitting with your career goals? |
| Page 3 of 4 |
| Question 3/3: What personal qualities do you feel you will bring to this internship? |
|  |

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