

A NEW DAY COUNSELING CENTER  
 Western Seminary  
 5511 SE Hawthorne Blvd.  
 Portland, OR 97215  
 Phone: 786-A-NEW-DAY

**Application for Practicum**

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Name: \_\_\_\_\_  
   First  Middle  Last

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Okay to leave messages on phone?    Yes    No        Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_

Have you completed the required criminal background check?        Yes        No

Have you ever been convicted of a misdemeanor or felony crime?        Yes        No

    If yes, describe: \_\_\_\_\_

Do you have a personal relationship with Jesus Christ?        Yes        No

    If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for a psychological disorder?        Yes        No

    If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your approach to counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby affirm that all statements made on this application are true to the best of my  
 knowledge.        Dated \_\_\_\_\_ Signature \_\_\_\_\_

Previous experience:

1. \_\_\_\_\_  
Name of Company Phone Number of Company Immediate Supervisor

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Dates of Employment/Volunteer Experience Title or Position

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Description of Responsibilities

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2. \_\_\_\_\_  
Name of Company Phone Number of Company Immediate Supervisor

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Dates of Employment/Volunteer Experience Title or Position

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Description of Responsibilities

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3. \_\_\_\_\_  
Name of Company Phone Number of Company Immediate Supervisor

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Dates of Employment/Volunteer Experience Title or Position

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Description of Responsibilities

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4. \_\_\_\_\_  
Name of Company Phone Number of Company Immediate Supervisor

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Dates of Employment/Volunteer Experience Title or Position

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Description of Responsibilities

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References:

1. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_

Title or Position

\_\_\_\_\_

Description of Relationship

\_\_\_\_\_

I give my consent to contact this reference \_\_\_yes \_\_\_no

2. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_

Title or Position

\_\_\_\_\_

Description of Relationship

\_\_\_\_\_

I give my consent to contact this reference \_\_\_yes \_\_\_no

3. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_

Title or Position

\_\_\_\_\_

Description of Relationship

\_\_\_\_\_

I give my consent to contact this reference \_\_\_yes \_\_\_no

4. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_

Title or Position

\_\_\_\_\_

Description of Relationship

\_\_\_\_\_

I give my consent to contact this reference \_\_\_yes \_\_\_no

Please list MA Counseling courses you have completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Date