

YOUTH PROMOTOR INTERNSHIP PROGRAM

BEHAVIORAL/MENTAL HEALTH PROMOTORES (ADVOCATES)



Internship Application

Please submit application to Latino Service Providers by Monday, March 2, 2020.

This application will receive major consideration in the selection of participants. All applications will be handled in complete confidence. Please print neatly in black/blue ink or print.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Home Number: _____

Email Address: _____ Date of Birth: _____

Gender: _____ Primary Language Spoken at Home _____
(i.e. Male, Female, Non-Binary, Decline to State, etc.)

Parent/Guardian Information

Parent/Guardian Name: _____

P/G Phone Number: _____ P/G Email Address: _____

Education

School Attending: _____ Address: _____

Grade: _____ Counselor: _____

Supplemental Questions

Are you bilingual? Yes No If yes, Language _____

Do you have transportation or access to transportation? Yes No

If yes, is this your personal car Yes No Do you have a CA Drivers License? Yes No

Can you commit to the program for a full year (May 2020-May 2021)? Yes No

Please type your response to the following questions in a separate document (Word, Google Doc, PDF, etc). Maximum two paragraphs (5-10 sentences) per question.

1. Describe any activity in which you play a leadership or responsibility role (school clubs, sports, planning parties for friends, hobbies, helping peers or parents with translations, etc.). What life lessons have you learned from having this leadership or responsibility role?
2. What are your life or career goals or interests? Would you be interested in a career in the mental or behavioral health field?
3. Describe the most significant challenge/obstacle you have faced and the steps you have taken to succeed or overcome this challenge.
4. Identify a community problem within the Latinx community (home, school, work, etc.) and obstacles to address the problem.
5. What is it about yourself—attributes, strengths, skills and personal uniqueness—that you would contribute to the Youth Promotor Internship Program?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand the importance of participation as outlined, and if selected to participate, I will commit to fulfill the goals of the Youth Promotor Internship Program. I also understand that the selection process is determined on a competitive basis, and submission of this application does not necessarily ensure my acceptance as a Youth Promotor.

Signature: _____ Date: _____

Thank you for your interest in the Youth Promotor Internship Program, and for your care in completing this application. Please mail or email your complete application and supplemental questions to:

Email:
admin@latinoserviceproviders.org

or

Mail:
LSP Testimonios Project
1015 A Center Drive
Santa Rosa, CA 95403

For additional information please contact us at:
Ph.707.837.9577
Email: admin@latinoserviceproviders.org