



County of San Bernardino – Department of Behavioral Health
MSW/BSW Intern Programs Initial Interest Form

Identifying/Contact Information

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

University Information

Name of University: _____

Address: _____

Field Advisor/Liason: _____

Office Phone: _____ Cell Phone: _____

Program: BSW MSW

MSW: 1st 2nd Year

BSW: Senior year

Miscellaneous Information:

Bilingual: Yes No Language: _____

Verbal: Yes No Written: Yes No

Please send your resume/vitae to: internprograms@dbh.sbcounty.gov or
Department of Behavioral Health 1950 South Sunwest Lane Ste 200., San Bernardino, CA 92415
Attn: DBH Intern Programs

You will be contacted by the Intern Program to further discuss your clinical training options.



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Please tell us why you think a trainee position at the County of San Bernardino would be a good fit for you. What are you hoping to get out of the placement? How does a placement at the County of San Bernardino fit with your career goals?

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Please provide a brief autobiographical statement about yourself. You can answer this question as though someone has asked you to “tell me something about yourself”. It is entirely up to you to decide what information to present.

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