

Jade Wellness Center  
412-380-0100  
4105 Monroeville Blvd. Monroeville, PA 15146  
101 North Meadows Dr. Suite 234 Wexford, PA 15090

*This application is for a practicum, internship or externship opportunity within JADE Wellness Center.*  
Interns accepted at JADE Wellness Center are for the following educational programs:

- Counseling
- Social Work
- Psychiatrist
- Medical Assistance
- Medical Billing and Coding

Submit the completed application, personal statement, and references to JADE Wellness Center. Those who advance in the application process will be called for an in-person interview and be asked to give a 5-minute presentation on a career topic of their choice.

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Internship Program:** \_\_\_\_\_

**Which location are you seeking an internship at:** \_\_\_\_ **Monroeville** \_\_\_\_ **Wexford**

**Degree seeking:** \_\_\_\_\_

**Current GPA:** \_\_\_\_\_ **Area of Study:** \_\_\_\_\_

**Personal Statement:**

Please respond to the following prompt in a brief essay of 1-3 pages and submit this along with your application. Documents should be double-spaced, use 12 pt. font, and standard 1 inch margins. Describe your own career path, how did you determine your course, who were the important people and experiences that most influenced you. What skills and strengths have you developed that you would apply to your work at JADE wellness Center? Why are you seeking an internship at JADE Wellness Center? When possible, please provide examples to support your statements.

**Applicant Information:**

Have you ever worked for this company? \_\_\_\_ Yes \_\_\_\_ No

Are you a citizen of the United States? \_\_\_\_ Yes \_\_\_\_ No

If No, are you authorized to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If Yes, explain:

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**References:**

Please list three professional references.

1.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Thank you, kindly  
*#Unless*