

TESTIMONIOS PROJECT-YOUTH PROMOTOR
BEHAVIORAL/MENTAL HEALTH PROMOTORES (ADVOCATES)



Internship Application

Please submit application to Latino Service Providers by Friday, March 01, 2019.

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. Man, Woman, Transgender, Non-Binary, 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 Testimonios Project for a full year (May 2019-May 2020)? Yes No

Please write legibly in blue/black ink or type your response to the following questions in a separate sheet of paper. Minimum, two paragraphs (8-10 sentences) per question.

1. Describe any activity in which you play a leadership or responsible 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 responsible 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 Latino 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 Testimonios Project?

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 Testimonios Project. 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 Testimonios Project for Mental and Behavioral Health, and for your care in completing this application. Please mail or email your complete application and supplemental questions to:

**LSP Testimonios Project
930 Shiloh Road
Bldg. 40, Ste. A
Windsor, CA 95492**

**For additional information
Ph.707.837.9577**

Email: admin@latinoserviceproviders.org