# Music Therapy Internship Application

Internship Director: Sarah Woolever, MM, MT-BC

612.813.6252

Sarah.woolever@childrensmn.org

Please rank first and second choices with ‘1’ and ‘2’ **if** you are willing to be considered for multiple start dates.

|  |  |
| --- | --- |
| **May 1st Deadline:**  \_\_\_ January \_\_\_ April | **November 1st Deadline:**  \_\_\_ June \_\_\_ September |

**Contact Information:**

|  |  |
| --- | --- |
| Name: Click here to enter text. | Today’s Date: Click here to enter text. |
| Preferred Name: Click here to enter text. | Phone: Click here to enter text. |
| Permanent Address: Click here to enter text. | City/State/Zip: Click here to enter text. |
| Email: Click here to enter text. |  |

**Education:**

|  |  |  |  |
| --- | --- | --- | --- |
| School: Click here to enter text. | | Director of Music Therapy: Click here to enter text. | |
| Dates Attended: Click here to enter text. | | Phone: Click here to enter text. | Email: Click here to enter text. |
| Degree/Major: Click here to enter text. | | Anticipated Coursework Completion Date: Click here to enter text. | |
| School (Other): Click here to enter text. | | | |
| Dates Attended: Click here to enter text. | | | |
| Degree/Major: Click here to enter text. | Graduation Date: Click here to enter text. | | |

**Music Skills:**

|  |  |  |  |
| --- | --- | --- | --- |
| Primary instrument: Click here to enter text. | | | |
| Ensemble experiences: Click here to enter text. | | | |
| *Please answer the following based on the criteria in the grey tables.* | | | |
| *Advanced: able to solo or record for professional use* | *Intermediate: able to accompany* | | *Beginner: emerging skills* |
| Voice | | ☐ Advanced ☐ Intermediate ☐ Beginner | |
| Guitar | | ☐ Advanced ☐ Intermediate ☐ Beginner | |
| Piano | | ☐ Advanced ☐ Intermediate ☐ Beginner | |
| Percussion | | ☐ Advanced ☐ Intermediate ☐ Beginner | |
| Other instruments: Click here to enter text. | | ☐ Advanced ☐ Intermediate ☐ Beginner | |
| *Advanced: experienced using at a high/professional level* | *Intermediate: comfortable using/learning* | | *Beginner: minimal/ no experience* |
| Music technology (specify a DAW or instruments): Click here to enter text. | | ☐ Advanced ☐ Intermediate ☐ Beginner | |
| Other musical skills (composition, production, etc.): Click here to enter text. | | ☐ Advanced ☐ Intermediate ☐ Beginner | |

**Practicum Experience:**

|  |  |  |
| --- | --- | --- |
| Location/Population: Click here to enter text. | Supervisor: Click here to enter text. | Music therapy techniques utilized: Click here to enter text. |
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**Other:**

|  |
| --- |
| Proficiency in other languages: Click here to enter text. |
| Professional memberships: Click here to enter text. |
| Special training or certifications: Click here to enter text. |

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. I acknowledge that if this application results in a position, any false or misleading information in this application or my interview may result in a release.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

# Application/Evaluation Process & Checklist

**All the following materials must be submitted by the deadline to be considered:**

* Completed application
* Resume
* Transcript (unofficial is acceptable)
* Three letters of recommendation:
* Letter of recommendation and eligibility from music therapy director
* Two additional letters of recommendation from other professors or supervisors
* Letters can be sent together with other application materials by the student [preferred] or sent separately by the authors
* Written music therapy session plan for the following patients:
* 13-year-old female identifying patient with spina bifida and is very anxious about an upcoming lab draw procedure; referral from a nurse for psychosocial support
* 2-year-old male identifying patient, typical development, inpatient for extended oncology treatment; referral from Child Life Specialist to support developmental milestones.

* Video recording via private YouTube link—please do not include clients in videos. Please:
* Two selections with voice/piano; Verse-Chorus; Include one song from the session plans above and talk through how you would use these songs in a music therapy session
* Two selections with voice/guitar; Verse-Chorus; Include one song from the session plans above and talk through how you would use these songs in a music therapy session

* Please answer the following questions:
* What specific skills and experiences do you have that will benefit patients and families at Children’s? (500 words)
* Describe your musical background and skills, including any skills you need to develop. (150-250 words)
* Describe your therapeutic skills, including any skills you need to develop. (150-250 words)

**Email the above materials to**

**Sarah.woolever@childrensmn.org**

**Applicants will be evaluated using the following process:**

* Full application review
* Virtual interview with MT team for selected applicants
* Live audition and sight reading on voice, guitar, and piano
* Prepared song list will be supplied for live audition

**If accepted, additional requirements and processes are implemented:**

* Current DHS background check
* Immunization record—student is responsible for cost of Mantoux test and/or any required immunizations • Memorandum of Agreement (Legal Affiliation Agreement) between academic institution and Children’s Minnesota. Official acceptance is contingent upon this agreement, and it MUST be initiated immediately following an offer