



Ramsey County Mental Health Court – Internship  
900 Ramsey County Courthouse  
15 West Kellogg Boulevard  
Saint Paul, MN 55102  
Telephone: (651) 266-9256 Fax: (651) 767-8940

Dear Internship Applicant,

Thank you considering Ramsey County Mental Health Court as a field placement site. Enclosed you will find an application for internship and forms necessary to complete our background study. **Complete these materials. Provide if available, an e-mail address, mailing address, and phone number for each reference provided. Attach a separate piece of paper if needed.**

**Return them with a current resume to:**

Brandi Stavlo  
Ramsey County Mental Health Court  
900 Ramsey County Courthouse  
15 West Kellogg Boulevard  
Saint Paul, MN 55102  
Fax: (651)767-8940  
Email: [brandi.stavlo@courts.state.mn.us](mailto:brandi.stavlo@courts.state.mn.us)

**Please note incomplete packets will not be processed.** Subsequent to review of your information, you may be contacted to schedule a personal interview.

All internship offers are contingent on the outcome of the background study, which includes a criminal record check as well as adult and child protection records checks. Internship offers are made based on the candidate's skills, interests and abilities, and the needs of the Ramsey County Mental Health Court.

If you have questions regarding the application process, please call 651-266-9256.

Sincerely,

Ramsey County Mental Health Court



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# APPLICATION FOR INTERNSHIP

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_  
 Advisor's Name/Telephone: \_\_\_\_\_  
 Level of internship applying for:  
 High School  Graduate School: Master of Social Work  
 Under Graduate: Associate Level  Graduate School: Other, please specify  
 Major: \_\_\_\_\_  
 Under Graduate: Bachelor Level  
 Major: \_\_\_\_\_  
 Total number of hours required: \_\_\_\_\_

Availability:

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start							
End							

Semester applying for:  
 Fall 20\_\_  Spring 20\_\_  Summer 20\_\_  
 Please indicate which populations/areas of human services interest you (circle all that apply):  
*Adults Children Families Seniors Single Parents*  
*Chemical Dependency Services Child Care Services Delinquency Services*  
*Developmental Disability Services Financial Assistance Services Foster Care Services*  
*Mental Health Services*  
*Administration: Planning Policy Evaluation Information Services Computer Support*

Briefly describe the goals of your internship: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted, given a suspended sentence, placed on probation or imprisoned for any violation of the law? \_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any tasks related to your internship that you should not be involved in due to a disability or health condition; also identify any accommodations that we could make:  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Address/Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Please list any previous volunteer experience.

<u>Organization/Contact</u>	<u>Person Duties</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list four references.

<u>Name/relationship</u>	<u>Address</u>	<u>Telephone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I understand that the information requested on this application will be used for internship placement and record keeping, and that all information will be held confidential, except where release is authorized. I hereby authorize Ramsey County Mental Health Court to conduct an inquiry of any or all references, employers and schools (past or present). I authorize the afore mentioned parties to release pertinent information to Ramsey County Mental Health Court.

Signature/date: \_\_\_\_\_

**If under age of 18 years, complete this section**

Name of parent/guardian: \_\_\_\_\_  
Telephone number where parent/guardian can be reached:  
Day: \_\_\_\_\_ Cell: \_\_\_\_\_

**Parental/Guardian Consent**

I hereby give \_\_\_\_\_ permission to perform volunteer service for Ramsey County Mental Health Court. I understand that in the event of an emergency, you will attempt to contact me. However, if I am unable to be reached, you may contact:

Name/relationship: \_\_\_\_\_  
Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

I also give consent to take whatever emergency steps necessary to safeguard the health and welfare of my child.





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### **PARKING INSTRUCTIONS**

When you visit us at the Ramsey County Courthouse for your interview and subsequent orientation, you are welcome to use on-street metered parking or one of the nearby ramps for your visit. The Ramsey County Courthouse is located at 15 West Kellogg Boulevard, on the north side of Kellogg between Wabasha and St. Peter Streets. Please follow the steps listed below:

- Park and enter the courthouse.
- Once inside the building, be prepared to go through Court Security.
- Take the elevator to the 9<sup>th</sup> floor
- Check in and request to speak to Brandi Stavlo.

If you have any questions regarding parking, please contact the Program Coordinator at 651-266-9256.