In order to apply to the internship the applicant must:

1. Meet with the DARC Program Coordinator before receiving the internship application packet.

2. Have completed, or be in the process of completing, all five of the DARC core courses (DAR101, DAR111, DAR112, DAR158 and DAR213) with a grade of "C" or better, before the start of the internship experience. It's also recommended that the candidate have completed a majority of the other general education courses required for their degree.

3. Fill out an application form and place in the application packet.

4. Send out Faculty Evaluation Forms to two MCC DARC instructors. Fill out your information on the top portion of the sheet and then give to the instructor(s) to complete and return to the DARC Program Coordinator. The faculty member usually gives the completed form to the DARC Program coordinator.

5. Include an "unofficial" copy of their MCC transcript in their application packet. This transcript should include transfer credits that will be used towards the DARC degree. This should be placed in the application packet.

6. Submit three letters of reference/recommendation. These letters can be from a supervisor, teacher or someone else who can attest to the student’s character, reliability and potential as a counselor. Family members and faculty members cannot be used for references or recommendations. These letters should be included in the application packet.

7. Include a current resume in their application packet. The resume should list the student's career and academic goals along with employment and educational history. Assistance with writing a resume can be obtained through MCC’s Career Services and Placement department in room L120 in the Lowe Building. The resume should be included in the application packet.

8. Submit a one page, type written personal statement describing his/her reasons for seeking admission into the DARC Internship. This statement should be included in the application packet.

9. Applicants with any history of substance abuse/dependence must be free from alcohol/drug use for at least two years at the time the internship begins.

CHECK LIST (to be completed BEFORE you hand in your packet)

<table>
<thead>
<tr>
<th>Does your packet include the following items?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Completed application form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Up-to-Date Resume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Three (3) letters of recommendation (they can be from any source other than family or a faculty member)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Copy of your unofficial MCC transcript (this should include transfer credits from other colleges you attended and credits you are using towards your DARC degree)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. A one page written personal statement describing your reasons for seeking admission to the DARC internship</td>
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<td></td>
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</tbody>
</table>

It is understood that you can’t turn in the Faculty Evaluation Form. The faculty member should receive it from you and then, when they complete their section, return it to the DARC program coordinator. It will then be put in your packet.

Once you have all of these documents completed, please put them in a folder and submit them to the DARC Program Coordinator. You can leave them in the box on the wall outside the office OR slide the folder under the office door. The coordinator does not have to be present when you submit your packet/folder. DO NOT hand in your folder unless all documents are in the folder!!
APPLICATION FOR INTERNSHIP

Last Name                             First                                    (MI)   MCC Student/Banner ID Number
______________________________________________________________

STREET ADDRESS
______________________________________________________________

CITY STATE ZIP
______________________________________________________________

EMAIL ADDRESS
______________________________________________________________

GPA

I am applying to begin my internship in the following semester (please choose one):
INTERNSHIP SEMESTER(S): _____FALL(Aug)   _____SPRING(Jan)   _____SUMMER(May)

IN THE FOLLOWING YEAR: ___________________
(Reminder: you need to have two continuous semesters of internship to complete the internship portion of your degree. For example, if you begin your internship in the summer your next internship semester will be the following fall semester)

POST-SECONDARY EDUCATION

College(s)attended __________________________________________ Date(s) ______________________________
________________________________________________________________________________________________________________________

Major(s)_________________________________   Degree or Number of Credits Earned _____________________________
________________________________________________________________________________________________________________________

Other post-secondary education, non-credit certificates, etc. that relate to the addiction field:
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

I hereby certify that the above information is correct and complete to the best of my knowledge. If in recovery, I also certify that I am currently free from any substance abuse involvement and have been free of same one full year prior to this application. Further, I understand that a relapse of any substance abuse or evidence of the development of any substance abuse condition during the course of the program may result in removal from the program until recovery is maintained again for one year.

__________________________________
Applicant’s Signature
DARC PROGRAM-INTERNSHIP APPLICATION

FACULTY EVALUATION FORM

THIS SECTION TO BE FILLED IN BY APPLICANT/STUDENT

YOUR NAME: __________________________________________________________________ (please print)

YOUR BANNER ID #: ________________________________________________________________

Name of Course _________________________________________________________________

Name of Instructor _______________________________________________________________

Semester/Year of the course with this instructor ______________________    Final Grade ______

This form is due to the DARC Program Coordinator by __________________________

Please put in date two weeks prior to deadline

**Student:** After you have filled in this section you need to bring this form to your instructor (who will fill out the lower portion of this form). The instructor has directions to return the completed form to the DARC Program Coordinator.

DO NOT write below this line – For Faculty Member only

Dear Faculty Member

The above named student is applying for the DARC Internship at MCC. Could you complete the evaluation below and return it to the DARC Program Coordinator, Barbara Fox. You can mail it to her at MS4 or place it in her mailbox on the third floor of the AST Tower building. Thank you in advance for your cooperation.

Please Rate the Applicant Accordingly:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Academic Performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Classroom Participation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>3. Written Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Verbal Communication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Motivation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Faculty Comments: ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

__________________________________________   ___________

Faculty Signature                        Date