



23705 Vanowen St. #177
West Hills, CA 91307
www.gsmusictherapy.com

Music Therapy Internship Application

Contact Information:

Tomoko Inaba, MT-BC

Phone: (818) 224-9018

Email: inatomo13@sbcglobal.net

Please mail your complete application to the above address or email. Thank you for your interest.

When (month and year) do you want to have your internship?

Full Time from _____ to _____

or

Part Time from _____ to _____

how many hours a day or week?
(Explain) _____

When will you or did you complete your
academic music therapy program? _____

Personal Information

Name: _____ Phone #: _____

Email: _____

Current Mailing Address: _____

If you are not a citizen or permanent resident of the US, what kind of a work authorization do you have? _____

School Information

School Name: _____

Name of Music Therapy Academic Advisor: _____

Email of Music Therapy Academic Advisor: _____



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Experience and Other Education

What is your primary instrument?: _____

Years of Experience: _____

Other instruments you play with proficiency:

Practicums:

Name of the Site

Supervisor

Population

(1)

(2)

(3)

(4)

Volunteers and other experiences worth noted for this internship:

Other Degrees: _____

Notes: (Write anything you want to mention about.)

In order to complete the application, please submit those requirements:

1. A letter from your academic director verifying our eligibility for an internship
2. Two recommendation letters - one from a professor and one from a practicum supervisor
3. Essays (one to two pages, double space) answering following questions:
 - Why did you choose a career in music therapy?
 - What did you learn from your practicum experiences?
 - What set you apart from other applicants?
4. A recording of yourself demonstrating your singing and guitar/ukulele skills. One oldies (simulation: singing to a big group) and one folk/traditional song (simulation: singing to a client in bed) in different keys and strumming patterns.

* If the letters (1 and 2) are submitted via email, please state “Internship” and applicant’s name in the subject line. They are to be emailed directly from the writers to inatomo13@sbcglobal.net. Also, please mentioned that the letters were, or will be, submitted by email, in the above Notes section of this application.

Please initial the boxes below. By checking the boxes, you give Golden State Music Therapy an acknowledgement that you have read and understand the conditions and requirements of this internship.

[] No stipend will be offered. However, the intern will receive \$20 per hour worked at group homes as a reimbursement for gas expense.

[] It is the intern’s responsibility to secure housing and meals. No housing assistance will be available.

[] It is the intern’s responsibility to attain a reliable car. There will be no mileage reimbursement. Copies of the proofs of a valid license and auto insurance are required to submit on the start date.

[] It is the intern’s responsibility to attain liability insurance, if not provided by the school. Proof of Insurance must be submitted on the start date.

[] A legal agreement must be established between GSMT and the intern on the start date.

[] A criminal record check will be conducted once an acceptance of the internship is made.

[] If the intern is not a citizen or permanent resident of the US, proof of work authorization is required before the start date.

Signature: _____

Date: _____