

Please return to: Susan Young, Ph.D., Counseling and Psychological Services, 3rd Floor Hudson Health Center,
Email: youngs2@ohio.edu

APPLICATION
Counselor in Residence Position
Counseling and Psychological Services
Ohio University

NAME _____	DATE _____
LOCAL ADDRESS _____	LOCAL PHONE _____
_____	DEGREE SOUGHT _____
PERMANENT ADDRESS _____	PID # _____
_____ ZIP _____	CELL PHONE _____

A. PLEASE PROVIDE THE NAMES OF TWO PROFESSIONALS WHO ARE FAMILIAR WITH YOUR WORK:

1.	NAME _____	PHONE _____
	TITLE _____	
2.	NAME _____	PHONE _____
	TITLE _____	

B. Include copies of your curriculum vita and unofficial transcripts.

C. As part of your application process please answer the following questions on a separate sheet of paper.

1. Why would you like to serve as a counselor-in-residence?
2. Please describe past experiences, excluding coursework, relevant to work within a residential setting. We are particularly interested in experiences with facilitating psychoeducational programming, engaging in consultation, and assisting with brief crisis intervention.
3. What do you anticipate to be the challenges of both living and working within a residence hall and how do you anticipate addressing these challenges? (i.e., dual-roles, relationships with Residence Life staff and Residence Advisors).

**** APPLICATIONS MUST BE RECEIVED BY April 2nd, 2010****