



Intern Application

Date: _____

I. Contact Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

DOB: _____ Age: _____

(Applicants under age 18 must have parent/guardian sign consent form)

In Case of Emergency or Illness Contact:

Name: _____ Relationship _____

Cell Phone: _____ Work Phone: _____

Allergies: _____

How did you hear about intern opportunities with the Center for Family Violence Prevention?

II. Background Information

Education:

High School (Name): _____ GED: _____

Graduated: Yes _____ No _____ Currently Attending: _____

College/University (Name): _____ Graduated: Yes ___ No ___ Currently

Attending _____ Major: _____

Graduate School (Name): _____

Major/Concentration: _____ Graduated: Yes ___ No ___ Currently Attending: ___

Employment:

Currently employed: Yes ___ No ___ If employed, full time or part time? _____

If currently employed, name and phone number of employer:

Name: _____ Phone number: _____

References: (i.e. professors, community contacts, bosses, supervisors)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Driver's License/ID Information:

Driver's License/ID # _____ State _____

Date of Expiration _____; Please provide a copy of photo ID or valid driver license

III. Intern Program

School/University/College: _____ Major/Course: _____

Required Hrs.: _____

Teacher/Professor: (Name, email address, and Phone

#): _____

IV. Briefly List Any Applicable Job &/Or Volunteer Experiences/Skills:

Volunteer Experience:

Job Experience:

Skills:

CPR/ First Aid Certified: (Circle One) Yes or No

V. Type of Internship You Prefer (please check \checkmark):

Adult Counseling___ My Sister's Closet___ My Sister's Attic___ Administrative Office ___

Victim Advocate/Court Services___ Community Education & Outreach___

Hispanic Outreach ___ Safe House ___ Family Center___

Other (specify)_____

VI. Desired Schedule:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

A. Total Number of Hours per Week desired: _____

B. I am available on an on-call basis: Yes ___ No___

C. Requested semester start date: _____

Signature

Date

Intern Questionnaire

1. What do you know about domestic violence?

2. Why do you want to do your internship with the Center for Family Violence Prevention?

3. Name at least two experiences, benefits or results that you would like to receive during your internship with the Center for Family Violence Prevention?

DECLARATION OF CONFIDENTIALITY

I, the undersigned volunteer/intern for the Center for Family Violence Prevention (C4FVP), do hereby declare that I will hold confidential all communications, observations, and information made by me and between or about clients (including their families).

This information specifically includes identity information and physical whereabouts information. It also includes the location of the Safe House (New Directions), the Counseling Office and the Family Center. Client information may only be disclosed to members of the Center for Family Violence Prevention and the Agencies authorized by the client's Release of Information Consent Form, when the information is *required to better meet the client's needs*.

Exceptions for release of information which do not require the client's consent include: (ALL release of information will be conducted by the Supervisor of the program area)

- 1) Disclosure of client information made to the legal guardian of a client.
- 2) When a medical emergency exists and information from the file is required to save the life of a client or a client's child, and the client is not able to authorize the release in a timely manner information limited to the medical emergency will be disclosed to the medical institution treating the client or his/her minor child.
- 3) When the agency is ordered by a court to release the record.
- 4) When child abuse is suspected, a report must be made to Child Protective Services, Department of Social Services. The staff will make a report. An agency member will do a follow-up report.
- 5) When there is imminent danger to the health or safety of the client or another person, or the likelihood of the commission of a crime by the client, the agency member may disclose the information to the appropriate party.

I understand that a violation of this confidentiality will result in my immediate release from my internship or volunteer position.

I further declare that in the event of my withdrawal or resignation, I will keep confidential all information related to the Center for Family Violence Prevention.

Intern/Volunteer Signature

C4FVP Staff Signature

Date