



PLEASE READ BEFORE COMPLETING THIS APPLICATION

Hope's Door New Beginning Center does not discriminate in the recruitment and placement of interns based on race, color, religion, national origin, sex, marital status, disability or age. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; however, its receipt does not imply that you will be utilized. Intern coordination necessitates that you meet all conditions required for the position for which you are applying.

Intern Application

PLEASE COMPLETE FORM ENTIRELY

Date:

Personal Information

Last Name:

First Name:

MI:

Date of Birth:

Phone:

Email:

Residential Address:

City:

State:

Zip:

Have you received counseling or assistance from Hope's Door New Beginning Center?

Yes

No

If yes, when?

Who was/is your counselor?

Intern Requirements/University Information

Undergraduate

Graduate

Practicum

Internship I

Internship II

University:

Program/Major:

Total Hours Required:

Direct Hours Required:

Semesters:

Semester Start Date:

End Date:

Level of Supervision required:

Availability

Group Availability

Tuesday:

DV Group 6pm

Children Group 6pm

DV Spanish Group 6pm

DV Shelter Group 6pm

Wednesday:

DV Group 10AM

Thursday:

DV Group 6pm

Healthy Parenting Group 6pm

Children Group 6pm

Friday:

DV Group 10AM

Individual Availability

Monday: Intern Meeting 1-2pm

Yes

No

Additional Hours:

Tuesday Hours:

Wednesday Hours:

Thursday Hours:

Friday Hours:

Areas of Interest

Adults

Children

Adolescents

Play Therapy

Shelter

Hotline

Case Management/Legal

Men About Change

Positive Empowerment for Women

Agency/Intern Agreement

The intent of this agreement is to assure you of our deep appreciation for your services and to indicate our commitment to do the very best we can to make your internship experience a productive and rewarding one.

Hope's Door New Beginning Center Agrees To:

Hope's Door New Beginning Center agrees to accept the services of beginning

Hope's Door and New Beginning Center commits to the following:

1. To provide adequate information, training, and assistance for the intern to be able to meet the responsibilities of their position.
2. To provide support, supervision, and any necessary evaluations to the intern.
3. To promptly discuss any problems, questions, or comments that may arise.
4. To respect the skills, dignity, and Individual needs of the intern, and to do our best to adjust to these individual requirements.
5. To be receptive to any comments from the intern regarding ways in which we might mutually better accomplish our respective tasks.
6. To treat the intern as an equal partner with agency staff, jointly responsible for completion of the agency mission.
7. To Inform interns of any changing policy that may affect their work area.

Intern Agrees To:

I, _____, agree to serve as an intern and commit to the following:

1. To perform my intern duties to the best of my ability.
2. To adhere to agency rules and procedures, including record-keeping requirements, and maintaining confidentiality regarding the location of the shelter and staff/agency/client information.
3. To meet my agreed upon time and duty commitments, or to provide 24-hour notice to supervisor or intern coordinator so that alternate arrangements can be made.
4. To act at all times as a member of the team responsible for accomplishing the mission of the agency and to attempt at all times to be non-judgmental in dealing with others and to promote client self-determination.
5. To communicate with the intern coordinator any change in the status of my intern commitment.

Signatures

Intern Signature:

Date:

Staff Representative Signature

Date:

RELEASE TO CONTACT REFERENCES

I, _____, hereby authorize Hope's Door New Beginning Center to contact personal references listed on this release form and understand that Hope's Door New Beginning Center will not be held liable for the release of this information.

Applicant Signature:

Date:

References

Please do not list any family members or relatives.

Name: Address: City: State: Zip: Phone Number: Relationship to Intern:
Name: Address: City: State: Zip: Phone Number: Relationship to Intern:
Name: Address: City: State: Zip: Phone Number: Relationship to Intern:

OFFICE USE ONLY

Reference One

Date Contacted:

Contacted by: Mail Phone

Comments:

Reference Two

Date Contacted:

Contacted by: Mail Phone

Comments:

Reference Three

Date Contacted:

Contacted by: Mail Phone

Comments:

Emergency Contact & Medical Information

Please list the person we should notify in case of an emergency:

Name:

Phone:

Address:

Relationship:

Do you have any impairments (physical, mental, or medical) that may limit your ability to perform the intern job applied?

Yes

No

If yes, what can we do to accommodate you?

Hope's Door New Beginning Center

STATEMENT OF CONFIDENTIALITY

As an employee or volunteer of HDNBC, I will not disclose, divulge, or release client-identifying information without securing the client's legal consent. This shall include, but not be limited to the following:

- Discussing client identifying information with individuals not employed by or volunteering for the center.
- Discussing client identifying information with other clients.
- Discussing client identifying information with HDNBC staff or volunteers not directly involved in the client's care and treatment.
- Discussing specifics related to the client's care and treatment that a person of ordinary prudence would be able to identify by association.
- Discussing client identifying information or case specifics in unsecured areas (i.e., employee lounge, hallway, lobby, etc.)
- Discussing case specifics or sharing client identifying information with other agencies unless otherwise authorized by an official memorandum of understanding.

Client identifying information will not be visible in a public area (for example: calendars, computer screens, or printouts). Records will not be left exposed in public areas.

Computerized client identifying information will be treated with the same regard for confidentiality and/or access as written information.

I will not disclose the location of the shelter at any time without prior approval from the CEO/Executive Director.

By my signature, I do hereby acknowledge my understanding of the provisions listed on this document and am aware that failing to comply with these provisions may lead to disciplinary action, up to and including termination as an employee and/or volunteer. I am aware that I must continue to keep client identifying information confidential in perpetuity after I cease to volunteer and/or leave the employment of Hope's Door New Beginning Center.

Print Employee/Volunteer Name

Employee/Volunteer Signature

Date