

Alliance For Children Intern Application



Name _____ Date of Birth ____/____/____

Social Security Number ____-____-____ E-mail _____

Phone Number (____)____-____ Alternate Phone Number (____)____-____

Street Address _____

Education Completed ___ High School ___ College ___ Graduate School

Currently enrolled in ___ High School ___ College ___ Graduate School

Degree/Major _____ School Attended _____

Foreign Language Skills ___ Yes ___ No Foreign Language _____

Interests and Skills _____

Previous Volunteer Experience ___ Yes ___ No

Previous Volunteer Organizations and Dates of Service _____

Please indicate the intern experience in which you are interested in participating:

___ **Educational Internship** (internship associated with a student currently seeking a degree, to include independent study courses and department field placements; standardly over one or two semesters)

___ **Experiential Internship** (internships associated with someone who would like professional growth likened to an educational internship, but not associated with a class or degree requirement; 3 month internships available with possibility of extensions)

___ **Licensure Internship** (internships associated with someone seeking specific licensure hours)

Internship Availability: Please note your schedule availability in the table below.

****Center hours are available Mon.-Fri., 8:30 AM - 5:00 PM, with variations between centers. Evening hours are available for interns in the Clinical Department.**

Monday	Tuesday	Wednesday	Thursday	Friday

Internships are offered at all Alliance For Children locations. Please rank the center where you would prefer placement (no location is guaranteed).

___ Arlington ___ Fort Worth ___ Northeast (Hurst) ___ Northwest (Lakeside)

Current Employment: ___Yes ___No Work Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday

Educational Internships (only):

College/University: _____ Department: _____

Number of hours needed _____ Please circle: **Block** **Split** Term(s): **Fall** **Spring** **Summer**

Date to start _____ Date hours must be completed _____

Licensing Internship (only):

Type of Licensure Hours needed: _____ Number of hours needed _____

Date of start _____ Date hours must be completed _____

Licensure supervisor name: _____ Telephone: _____



Are you currently or have you ever received services through Alliance For Children? Yes _____ No _____

If yes, please explain _____

Please explain your interest in interning with Alliance For Children. _____

What strengths or skills will you bring to Alliance For Children? _____

Do you have any special circumstances that need to be considered in relation to an internship assignment with Alliance For Children? _____

Have you ever had a personal experience involving any of the following? (**OPTIONAL**)

- a. Domestic Violence _____
- b. Child Abuse _____
- c. Sexual Assault _____
- d. Criminal Court/Juvenile Court System _____
- e. Psychotherapy/Counseling _____

Have you ever been arrested or charged with a criminal violation of law? Yes _____ No _____

Have you been involved in a child abuse investigation? Yes _____ No _____

Have you used or sold illegal drugs within the past 5 years? Yes _____ No _____

If yes to these questions, please explain. _____

- I grant permission to Alliance For Children to initiate, via the Department of Family & Protective Services' online self-service system, a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check as well as any subsequent checks so long as I am active with the agency.
- I attest that the information I provide online will be correct and that providing false information is a violation of Texas Penal Code Section 37.10.
- I am a prospective or current volunteer, intern, employee or board member.
- I agree to update Alliance For Children with any changes to the information above.
- I consent to release information regarding criminal or abuse history to Alliance For Children.

Volunteer Signature _____ Date _____

Alliance For Children Intern Agreement

I, _____, agree to serve as an intern for Alliance For Children and commit to the following:

1. I will perform my internship responsibilities to the best of my ability. I will complete intern orientation and the Stewards of Children training prior to completing internship hours in an Alliance For Children center where children may be present. I understand that additional training may be required.
2. I will adhere to agency rules and internship procedures, including record keeping requirements and maintaining the confidentiality of the staff, agency and client information, and will not disclose information regarding clients or the investigative actions with the media or any individuals not connected with Alliance For Children.
3. I will not disclose and keep strict confidentiality any information regarding Alliance For Children's supporters, volunteers, donors, or donations.
4. I will act at all times as a member of the team responsible for accomplishing the mission of the agency, to attempt at all times to be non-judgmental in dealing with others and to promote client self-determination. I will treat clients with dignity and respect and not judge their values nor discriminate for reasons of gender, race, age, sexual preference or economic status.
5. I agree to not take positions or express judgment regarding birth control, pregnancy or abortion with clients, to not give medical or legal advice, to not personally give clients money or help with transportation, and to not share personal information about myself with clients.
6. I will not engage in a dual relationship with any client served by Alliance For Children including personal, business, financial and/or sexual. If a previous connection is known or develops, I will advise my Alliance For Children supervisor as soon as possible.
7. I will meet my agreed upon time and duty commitment, or will provide 24 hour notice to Alliance For Children staff so that alternative arrangements can be made. I will communicate with the center staff any change in the status of my internship commitment.

Alliance For Children commits to the following to the intern:

1. To provide adequate information, training and assistance for the intern to be able to meet the responsibilities of his or her 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 inform interns of any changing policy that may affect their internship.

Signature: _____

Date: _____

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I hereby authorize Alliance For Children to release information concerning my dates of service and performance to future employers and/or other agencies where I may seek placement.

Signature _____

Date _____

Release to Contact References

I, _____, hereby authorize Alliance For Children to contact personal references listed on this registration form and understand that Alliance for Children will not be held liable for the release of this information.

Signature _____ Date _____

REFERENCES: Please list people who you have known at least one year and who are not related to you. Written references are required.

Reference One

Name _____
Phone Number _____
Email _____ (required)
Relationship to intern _____

Reference Two

Name _____
Phone Number _____
Email _____ (required)
Relationship to intern _____

Reference Three

Name _____
Phone Number _____
Email _____ (required)
Relationship to intern _____

OFFICE USE ONLY:	
Reference One	
Date Contacted:	_____
Contacted by: Email	Phone
Comments:	_____
_____	_____
Reference Two	
Date Contacted:	_____
Contacted by: Email	Phone
Comments:	_____
_____	_____
Reference Three	
Date Contacted:	_____
Contacted by: Email	Phone
Comments:	_____
_____	_____

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Intern Emergency Information

Please list below persons to notify in case of an emergency:

1. Name: _____ Phone: _____
Relationship: _____
2. Name: _____ Phone: _____
Relationship: _____

Please indicate any special needs, restrictions or medical conditions of which we should be aware when considering your internship placement. _____

Alliance For Children Internship Statement

I hereby acknowledge and understand that with the completion of this application, I give my permission to Alliance For Children and to its authorized agents to access information with regards to criminal history, employment history and other information that may be appropriate to my qualifications to serve in community internship child abuse programs.

I further understand that Alliance For Children has the right to review this application's subsequent information, to unconditionally accept or reject my application for internship service and terminate my internship placement at any time, and that upon termination, I will return any and all property issued to me by this agency.

I understand and agree to abide by the regulations and policies for Alliance For Children which specify that for the protection of all served, every person is prohibited from disclosing the contents of any communications, records and/or files, except for purposes directly connected with administration of Alliance For Children.

I understand that after successfully completing orientation and training sessions, personal interviews, and internship placement, I will be expected to serve as an intern for the course of my internship requirements, unless issues arise that necessitates the termination of my internship. Any continuation regarding an internship experience would be discussed with the Director of that Program, and may include alterations of my responsibilities.

Confidentiality Agreement

Some of the work you may do with Alliance For Children will give you access to personal information about children and their families who are the clients of Alliance For Children as well as employees and volunteers of this agency or of our partner agencies.

Any information observed in connection with your work at Alliance For Children is considered **strictly** confidential. Confidential information includes information about the client's identity, his/her seeking services of Alliance For Children, what transpired at any meeting with the client and/or any information gathered while working with the client or with the client's family as well as any personal information disclosed to you in your capacity at Alliance For Children.

As an intern of the agency, you must pledge to the following:

I promise that I shall hold in confidence all pertinent information relating to the individual cases and clients at Alliance For Children. I will not violate the confidential relationship between Alliance For Children, its volunteers, participating and related agencies, courts, and any and all parties interviewed or present at Alliance For Children. I will not remove any written information or records from the office of Alliance For Children without the expressed permission from the Executive Director or any designated member of the professional staff. I will not take photographs or videos of any clients served at Alliance For Children nor will I post them online. I will not make reference to any business within Alliance For Children online and/or via social media outlets, including mention of cases, clients, families or employees.

I agree to return all information that I have gathered, together with any printed matter or notations relevant to any and all cases and/or clients to which I have been assigned, at the request of the Executive Director or any designated member of the professional staff, at the close of a case, or if my service to Alliance For Children terminates.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.

I understand that I am personally responsible and liable for any violation of this agreement. I understand Alliance For Children has the right to terminate my internship placement upon violation of this agreement.

By signing I acknowledge and agree to the Internship Statement and the Confidentiality Agreement.

Signature

Date