



It is our policy to deal with all applicants, interns, volunteers and employees without regard to race, color, religion, sex, national origin, marital status, age, disability, or status as a Vietnam era or qualified disabled veteran. Please inform us if you require an accommodation in order to participate in the application process.

PO Box 841 · Napa CA 94559 · Phone: 707-224-8266, ext 715 · Fax: 707-261-9788 · email: sgamboa@aldeainc.org

APPLICATION FOR INTERNSHIPS (Please print clearly in ink.)

IMPORTANT NOTICE: This is a very significant document. Be very careful as you complete it. Answer each item accurately and completely. Failure to do so may result in not being considered for the position or in termination, if inaccurate or omitted information is discovered after internship assignment has begun. Please attach additional sheet(s), if space provided is insufficient. Thank you.

Date: _____ Your Initials: _____

PERSONAL INFORMATION

| | | | | |
|---|-----------------------------------|--------|---------------------|-------|
| NAME | | | DATE OF APPLICATION | |
| _____ | | | _____ | |
| LAST | FIRST | MIDDLE | | |
| LIST (below) ALL OTHER NAMES BY WHICH YOU HAVE EVER BEEN KNOWN | | | | |
| PRESENT ADDRESS | | | | |
| _____ | | | | |
| STREET/UNIT NUMBER | | CITY | STATE | ZIP |
| _____ | | _____ | _____ | _____ |
| PHONE NUMBER | ALTERNATE OR MESSAGE PHONE NUMBER | | EMAIL ADDRESS | |
| _____ | _____ | | _____ | |
| ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> No Yes | | | | |

INTERESTS AND MOTIVATION TO INTERN (Please attach additional sheet(s), if space provided is insufficient. Thank you.)

| | |
|--|--|
| How did you learn of this intern opportunity? | |
| Describe your availability for an internship with Aldea: | |
| What are your career goals? | |
| Tell us in which areas you are interested in interning: | <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Social Work |

EDUCATION (We do not require education as a criterion for interning, unless it is expressly required by law or funding source for the position)

| <u>SCHOOL LEVEL</u> | <u>NAME AND LOCATION OF SCHOOL</u> | <u># OF YEARS ATTENDED</u> | <u>DID YOU GRADUATE?</u> | <u>DIPLOMA / DEGREE? MAJOR/MINOR AREAS OF STUDY</u> |
|---|------------------------------------|----------------------------|---|---|
| HIGH SCHOOL | | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| COLLEGE(S) | | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Special skills, training, apprenticeships, etc. acquired from employment or other experience | | | | |

MISCELLANEOUS SKILLS AND BACKGROUND INFORMATION (Please attach additional sheet(s), if space provided is insufficient. Thank you.)

| | | |
|---|--|--|
| Many of our clients do not speak English. Do you speak, write, or understand any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please indicate which languages: | _____ <input type="checkbox"/> Speak _____ <input type="checkbox"/> Speak | <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____ |
| Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for interning at Aldea? If so, please explain. | | |
| List professional, trade, business, or civic activities and offices held. | | |
| Have you ever had any job-related training in the United States military? If so, please explain. | | |
| DRIVER LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____ Please provide this information if applying for a position that will require the use of a motor vehicle. | | |

PROFESSIONAL REFERENCES (List two professional references (people who have worked with you and are able to comment on your skills and abilities))

| | |
|---------------------|--|
| Reference #1 | |
| NAME | |
| PHONE NUMBER(S) | |
| ADDRESS | |
| OCCUPATION | |
| YEARS KNOWN BY YOU | |
| Reference #2 | |
| NAME | |
| PHONE NUMBER(S) | |
| ADDRESS | |
| OCCUPATION | |
| YEARS KNOWN BY YOU | |

EMPLOYERS Please begin with your most recent job and please include any military and/or volunteer activities. Thank you.

| | | | |
|---|--------------------------|-----------|--------------------------|
| PRESENT OR LAST EMPLOYER NAME | | | |
| ADDRESS | | | AREA CODE + PHONE NUMBER |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | MAY WE CONTACT? No |
| | | | AREA CODE + PHONE NUMBER |
| TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | EXACT REASON FOR LEAVING | | |
| DESCRIPTION OF WORK | | | |

| | | | |
|---|--------------------------|-----------|--------------------------|
| NEXT PRIOR EMPLOYER | | | |
| ADDRESS | | | AREA CODE + PHONE NUMBER |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | MAY WE CONTACT? No |
| | | | AREA CODE + PHONE NUMBER |
| TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | EXACT REASON FOR LEAVING | | |
| DESCRIPTION OF WORK | | | |

We require that you read the information below and indicate your understanding and agreement to these terms by signing in the space provided. Thank you for your interest in interning with Aldea!

Please Read Carefully, Initial Each Paragraph, and Sign Below

_____ I understand that interning at Aldea is a privilege, and that my desire to serve must, at all times, be affirmed by
Initials Aldea through its screening process.

_____ I understand that assignment to a direct care intern position requires that I provide two references and, depending
Initials upon requirements for the intern assignment, may include verification of past employment, finger printing, criminal background check, and DMV report.

_____ I understand that in accepting a internship assignment, I am committing myself to act in compliance with the
Initials Mission and Values, policies, and procedures of *Aldea Children & Family Services*.

_____ I understand the guidelines for the internship position and understand the responsibilities associated with it.
Initials

_____ I understand that training and accountability are key support for my intern position. I will attend training, as
Initials required for the position, and meet with the leader responsible for the intern position to which I am appointed.

Signature

Today's Date



INTERN LIABILITY RELEASE FORM

In consideration of my desire to serve as an intern for Aldea Children & Family Services (“Aldea”), I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of Aldea.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Aldea and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such voluntary relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Photographic Release

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by Aldea, the Board of Directors and their officers, employees and agents in connection with any use of a product arising out my internship service for Aldea. I authorize Aldea to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion.

I understand that Aldea has no obligation to air or publish such Program and products, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by Aldea under the provisions of State of California Statutes.

I, the undersigned, am at least 18 years of age and have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Signature of Participant (over 18 years old)

Printed Name

Date

(Aldea Representative)

Phone Number _

Email _



INTERN CONFIDENTIALITY AGREEMENT

I. Purpose. The purpose of this Confidentiality Agreement is to protect the identity and privacy of our clients, Staff, Interns and Volunteers as the Agency encounters personal and sensitive information about clients. This is particularly true when assisting immigrant survivors of domestic violence, human trafficking, torture and persecution, and unaccompanied immigrant children. Therefore, it is very important to refrain from disclosing any information to third parties about our clients to avoid causing them harm.

II. Confidential Information. Confidential client information should never be discussed in the presence of third parties, except under the Terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the Terms outlined below.

Confidential information includes, but is not limited to, the following:

1. Identifying information about the client, including name, address or phone number;
2. Information relating to the client's family;
3. Information regarding the client's immigration status;
4. Information about the abuse, trauma, and/or persecution experienced by the client; or
5. Any other information that would identify the client or potentially place the client and/or family members at risk.

III. Terms. By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:

1. All communications between Agency staff, interns, volunteers, and clients are confidential.
2. The staff, intern or volunteer shall not disclose confidential information to a third party without the client's express consent to release such information.
3. The staff, intern or volunteer shall not disclose confidential information to a third party without Agency's knowledge and consent.
4. I understand that as a staff, intern or volunteer, I have a duty to keep client information confidential throughout my term as a staff, intern or volunteer as well as after my employment, internship or volunteer status ends.
5. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff, intern or volunteer at the Agency.

I, _____, have read the above the Agency's Confidentiality Agreement and understand
(print name)
its terms and my responsibilities as an intern.

Signature of Participant

Date

Signature of Supervisor
(Aldea Representative)

Date

(Aldea Representative)

Phone Number _

Email _