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? □ 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:

□ Behavioral Health

□ 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)

<table>
<thead>
<tr>
<th>SCHOOL LEVEL</th>
<th>NAME AND LOCATION OF SCHOOL</th>
<th># OF YEARS ATTENDED</th>
<th>DID YOU GRADUATE?</th>
<th>DIPLOMA / DEGREE?</th>
<th>MAJOR/MINOR AREAS OF STUDY</th>
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<tr>
<td>HIGH SCHOOL</td>
<td></td>
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<td>□ No</td>
<td>□ Yes</td>
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<tr>
<td>COLLEGE(S)</td>
<td></td>
<td></td>
<td>□ No</td>
<td>□ Yes</td>
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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?  
☐ No  
☐ Yes  If so, please indicate which languages:

________________________  ☐ Speak  ☐ Read  ☐ Write
________________________  ☐ Speak  ☐ Read  ☐ 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.

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<th>PRESENT OR LAST EMPLOYER NAME</th>
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<th>LEAVING DATE</th>
<th>JOB TITLE</th>
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<tr>
<th>NAME AND TITLE OF IMMEDIATE SUPERVISOR</th>
<th>MAY WE CONTACT?</th>
<th><strong>AREA CODE + PHONE NUMBER</strong></th>
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<th>EXACT REASON FOR LEAVING</th>
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**DESCRIPTION OF WORK**

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**DESCRIPTION OF WORK**

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**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!**

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**Please Read Carefully, Initial Each Paragraph, and Sign Below**

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

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

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

Initials 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 required for the position, and meet with the leader responsible for the intern position to which I am appointed.

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**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 its terms and my responsibilities as an intern.

______________________________  ________________________________
Signature of Participant         Signature of Supervisor
Date                            (Aldea Representative)

______________________________  ________________________________
Signature of Participant         Signature of Supervisor
Date                            (Aldea Representative)

______________________________
Phone Number

______________________________
Email