

Norfolk Community Services Board

225 W Olney Road, Norfolk, Virginia 23510
Fax: (757)441-1152 Office: (757)823-1600

Student Intern/Volunteer Application

Position Applied For: _____

Date: _____

PERSONAL INFORMATION:

Last Name:	First Name:	Middle Initial:	Social Security Number:
Street Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email Address:	

GENERAL BACKGROUND INFORMATION:

Why are you interested in doing intern/volunteer work?	
How did you learn of interning/volunteering with Norfolk Community Services Board?	
Which area would you like to work: <input type="checkbox"/> Mental Health <input type="checkbox"/> Intellectual Disabilities <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Youth <input type="checkbox"/> Infant	
Do you have a valid driver's license?* <small>*Volunteers will not be permitted to operate any vehicle in conducting NCSB business without specific authorization. If no are you eligible to obtain one?</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pending criminal charges? (include driving related misdemeanors such as driving under the influence, reckless driving and driving on a suspended license) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Please explain giving city, state and dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any criminal charges? (include driving related misdemeanors such as driving under the influence, reckless driving and driving on a suspended license) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Please explain giving city, state and dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATIONAL BACKGROUND:

Level of Education	Name of School	Hours Completed	Degree Earned	Dates Attended	Major/Field of Study
High School/ GED					
College/University					

INTERNSHIP INFORMATION:

Please provide information on your Internship Supervisor		
Name of Supervisor:	Telephone Number:	Email Address:
When does the internship need to begin? _____ End? _____		
How many hours are required for your internship? _____ How many hours per week are you able to work? _____		

COMPUTER SKILLS:

Indicate Computer Skills: Including any additional software application experience.

 Word Excel Access AS/400

Typing Speed:

WPM with

Errors

EMPLOYMENT AND VOLUNTEER EXPERIENCE:

The Employment section and any Supplementary Experience Form(s) must be completed. A resume may be attached, however "See attached resume" is not acceptable and application will be considered incomplete. Starting with your most recent *relevant* employment, please describe all paid, military and or applicable volunteer experience. Describe those duties and responsibilities that best demonstrate your qualifications for this position.

 I have no employment/volunteer experience

Job Title:	Immediate Supervisor:	Type of Business:
Employer Name:	Employer Address:	Employer Phone:
Dates of Employment: From: _____ To: _____	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:	Hours per week: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
Job Duties/Responsibilities:		

Job Title:	Immediate Supervisor:	Type of Business:
Employer Name:	Employer Address:	Employer Phone:
Dates of Employment: From: _____ To: _____	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:	Hours per week: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
Job Duties/Responsibilities:		

Job Title:	Immediate Supervisor:	Type of Business:
Employer Name:	Employer Address:	Employer Phone:
Dates of Employment: From: _____ To: _____	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:	Hours per week: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	
Job Duties/Responsibilities:		

REFERENCES:

Please list three (3) persons (not a relative) we may contact regarding your qualifications, character, and reliability. At least one reference must be a Supervisor or Professor. Student Interns must provide information about school faculty or staff making the referral.

Reference: 1			
Name:	Title:	Company:	Telephone Number:
Reference: 2			
Name:	Title:	Company:	Telephone Number:
Reference: 3			
Name:	Title:	Company:	Telephone Number:

AUTHORIZATION/ ACKNOWLEDGEMENT:

1. I acknowledge that of the important responsibilities involved in working with children and/or adult consumers, Norfolk Community Services Board normally checks on the suitability of new workers. This procedure applies to both employees and volunteers, since it is our policy to treat volunteers with all the consideration awarded employees. A Criminal Background and Child protective Services check may be performed. A Department of Motor Vehicles Check may be performed. You may be required to have a Tuberculin Skin Test.
2. I hereby authorize the individuals and organizations listed on the Norfolk Community Services Board Student Intern/ Volunteer Application to furnish information concerning me to Norfolk Community Services Board as requested on this reference form.
3. I understand that Norfolk Community Services Board is a drug free workplace and that using or being under the influence of illegal substances or alcohol while volunteering is grounds for termination.

CONFIDENTIALITY:

Norfolk Community Services Board volunteers, student interns, and employees have a primary obligation to safeguard information about individuals obtained in the course of teaching, practice, or research. Personal information is communicated to others only with the person's written consent or in those circumstances where there is clear and imminent danger to the client, to others, or to society. Disclosures of counseling information are restricted to what is necessary and relevant.

- a. All materials in the official record shall be shared with the client who shall have the right to decide what information may be shared with anyone beyond the immediate provider of services and to be informed of the implications of the materials to be shared.
- b. The anonymity of clients served in public and other agencies is preserved, if at all possible, by withholding names and personal identifying data. If external conditions require reporting such information, the client shall be so informed.
- c. Information received in confidence by one agency or person shall not be forwarded to another person or agency without the client's written permission.
- d. Service providers have a responsibility to insure the accuracy and to indicate the validity of data shared with third parties,
- e. Case reports presented in classes, professional meetings, or in publications shall be so disguised that no identification is possible unless the client or responsible authority has read the report and agreed in writing to its presentation or publication.
- f. Counseling reports and records are maintained under conditions of security and provisions are made for

their destruction when they have outlived their usefulness. Professional counselors insure that privacy and confidentiality are maintained by all persons in the employ or volunteer services of the agency or office, including clerical staff, volunteers, and community aides.

- g. Norfolk CSB volunteers, student interns, or employees who ask that an individual reveal personal information in the course of interviewing, testing, or evaluation, or who allow such information to be divulged, do so only after making certain that the person or authorized representative is fully aware of the purposes of the interview, testing or evaluation and of the ways in which the information will be used.
- h. Sessions with clients are taped or otherwise recorded only with their written permission or the written permission of the responsible guardian. Even with guardian written consent one should not record a session against the expressed wishes of a client.
- i. Where a child or adolescent is the primary client, the interests of the minor shall be paramount.
- j. In working with families, the rights of each family member should be safeguarded. The provider of services also has the responsibility to discuss the contents of the record with the parent and/or child as appropriate and to keep separate those parts which should remain the property of each family member.

I have read the above information concerning confidentiality, authorization/acknowledgement and understand my signature verifies that I will adhere to these principles set forth by the Norfolk Community Services Board.

Signature (May be provided at a later date)

Date

The Norfolk Community Services Board complies with EEO/ADA guidelines and is a drug-free workplace.

HR USE ONLY Assignment Description or Position Description must be attached to this application		
Position: <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	Position:	Program:
Name of Supervisor:		