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**INTERNSHIP INFORMATION**

We are always looking for talented people interested in furthering their education in the field of children’s issues. The Center accepts college undergraduate students for internships or community service requirements throughout the year. Please read the following information before applying for an internship position with Deirdre's House.

* As of this time, we are not able to offer paid internships or practicums.
* We are not able to offer positions to interns who require a degree level supervision (MSW, etc.)
* Interns must undergo a background check and fingerprinting, as well as sign a confidentiality agreement. There will be no exceptions.
* Interns will not be able to observe counseling sessions or interviews. This is not only due to legal reasons, but also to protect the privacy and confidentiality of our clients.
* Interns assist with general office duties, program management, and volunteer activities. Occasionally you will be invited to attend case related meetings. There are also opportunities for supervised interaction with clients. We will not ask you to do anything we do not do ourselves. While you will not spend all of your time “photocopying”, please be aware that clerical duties are necessary for the everyday operation of the Center and some work in that area will be required.
* In order to maximize your learning and work experience, we require interns to work at least one full day or two half days a week during Fall and Spring semesters and at least 12 hours per week during Summer semester. We also require you to work no less than 4 hours per day. Intern business hours are Monday-Friday from 9:30AM-7:30PM.

Upon completing the application forms, please contact **Jaime Kaiser** at 973-631-5000 or jaime@dobcac.org for an interview. Please make sure to have a copy of your internship requirements and available schedule.



**INTERNSHIP JOB DESCRIPTION**

Internships at Deirdre's House are viewed as an opportunity for students to learn about the overall operation, mission and daily function of a child advocacy center and non-profit organization. As a facility with a very small regular staff, Deirdre's House relies on interns to provide in return reliable and proficient support for our program and clients. The following is a brief description of some of the functions performed by interns during their time at Deirdre's House. Please note that this list is only some of the duties that may be asked of interns. The nature of our work makes day to day functions unpredictable due to the needs of a particular case or client.

* Answer phones and direct clients to appropriate referral sources
* Welcome clients to the facility, secure their comfort, and prepare them for interviews, medical exams, or therapy appointments (i.e. put on a movie, play board games, color, etc.) This also includes informing appropriate staff of the client’s arrival.
* Provide respite care to child clients
* Assist Child Advocate in providing visitors with information about their visit (CAC info, educational forms, etc.)
* Maintain reception area (playroom, waiting room, front desk, snack cabinet, kitchen, conference room, etc.) and lower level playroom. This also includes assisting the Child Advocate with designing and updating Center decorations.
* Assist staff with day to day operations of the Center
* Assist with fundraisers and education programs, such as conferences and events
* Assist with programs and program administration
* Assist with clerical duties necessary for the overall functioning of a particular program or event

In addition to the above duties, interns are typically given a long term project to complete during their time at Deirdre's House. This project is selected based upon areas of study and interest, as well as individual strengths and skills. Projects are designed to be mutually beneficial to the student and the Center.

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| S:\Deirdre's House Logos\Deirdre's House Logo.jpg | Deirdre’s House8 Court StreetMorristown, NJ 07960973-631-5000www.deirdreshouse.org |

# Internship Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last  | First | M.I. |  |  |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

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| --- | --- | --- | --- |
| Phone: |  | Email |  |

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| --- | --- |
| Internship Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Are you bilingual? | Yes [ ]  | No [ ]  | Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Other Skills: |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |

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| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  | If yes, please explain: |
| Have you ever been substantiated for abuse Child Protective Services | YES[ ]  | NO[ ]  | If yes, please explain: |

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| If yes, explain: |  |

## Education

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| --- | --- | --- | --- |
| **High School:** |  | Address: |  |

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| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma: |  |

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| **College:** |  | Address: |  |

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| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

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GPA:

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| Other: |  | Address: |  |

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| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

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## References

Please list three professional references.

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| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

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| --- | --- | --- |
| Job Title: |  |  |

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| Responsibilities: |  |

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| From: |  | To: |  | Reason for Leaving: |  |

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| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
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| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

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| Job Title: |  |  |

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| Responsibilities: |  |

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| From: |  | To: |  | Reason for Leaving: |  |

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| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
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| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

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| Job Title: |  |  |

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| Responsibilities: |  |

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| From: |  | To: |  | Reason for Leaving: |  |

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| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |

## Community Involvement

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| Do/Did you hold elected position? | Yes [ ]  |  No [ ]  | Position held:\_\_\_\_\_\_\_\_\_\_ |
| Are you currently a member of any professional, community, political, or social organization? | Yes [ ]  |  No [ ]  | Name: Name:Name: |
| Please describe any prior volunteer experiences: |

Statement of Understanding

***I understand that I will be subject to fingerprinting as part of a criminal background check that will be completed as part of this application process and may be conducted annually thereafter while employed at Deirdre’s House. I grant permission to Deirdre’s House to contact the references I have provided and other persons deemed necessary. I understand that Deirdre’s House may also conduct a check of my driving record through the New Jersey Motor Vehicle Commission as part of the application procedure. Deirdre’s House reserves the right to deny acceptance of any applicant without stating a reason. All information provided on this application is accurate to the best of my knowledge and remains the sole, confidential property of Deirdre’s House.***

***I hereby swear that the above information is true and valid to the best of my knowledge. I understand that any falsification of the above information may result in termination of my position with Deirdre’s House.***

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_