

## INTERNSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone \_\_\_\_\_

*Home:*  
*Cell:*

*Email:* \_\_\_\_\_

### Availability

Please **circle** all that apply:

Monday	Morning	Afternoon
Tuesday	Morning	Afternoon
Wednesday	Morning	Afternoon
Thursday	Morning	Afternoon
Friday	Morning	Afternoon

Prefer Regular Schedule	Yes	No
# Hours per week	_____	
_____	_____	
_____	_____	

Do you have experience working with individuals who have mental retardation/developmental disabilities?  **Yes**  **No** *If yes, please describe:*

\_\_\_\_\_

\_\_\_\_\_

### Special Skills: Check all that apply

Sign Language

Others: please list.

Languages other than English:

\_\_\_\_\_

\_\_\_\_\_

Certifications: (such as nursing, life guard, therapy, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Interests: Check all that apply

Friendly Visitor

Sewing

Special Olympics

Softball

Sport: \_\_\_\_\_

Bowling

Recreational Classes & Activities

Carpentry/Maintenance/Painting

Paws for a Cause Program

Assist with donation of goods

Garden Project(s)

Newsletter Assistance

Broadmoor Summer Camp Program

Intern

Education

Art

Cooking

Music

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

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### **Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number where contact can be reached: \_\_\_\_\_

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### ***Employment Background***

Have you ever been an employee (paid personnel) of New Avenues To Independence, Inc. (formerly PVA, Circle of Homes)?

Yes  No

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for departure: \_\_\_\_\_

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### ***Criminal Background***

Have you been convicted of a crime in the past ten years, including misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court?

Yes  No

Explain: \_\_\_\_\_

My signature constitutes that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature further grants my authorization for New Avenues to Independence, Inc. to investigate the facts submitted. I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the pre-screening, is grounds for immediate dismissal, no matter when the falsification or omission is discovered. I understand that my approval as an Intern is contingent of the successful completion of all pre-screening requirements.

\_\_\_\_\_ I will allow my photo to be used in print publications, New Avenues' website and/or New Avenues' Facebook page.

\_\_\_\_\_ I will NOT allow my photo to be used in print publications, New Avenues' website and/or New Avenues' Facebook page.

Signature

\_\_\_\_\_

## REFERENCE REQUEST FORM

### References

Please list two professional, volunteer or school references

1)	Organization:	_____
	Address:	_____ _____
	Phone:	_____
	Contact Person & Title:	_____
	Your Duties:	_____
	Served from: / /	to / /
2)	Organization:	_____
	Address:	_____ _____
	Phone:	_____
	Contact Person & Title:	_____
	Your Duties:	_____
	Served from: / /	to / /

### AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, having completed a Intern Application  
(Please print full name)

for NEW AVENUES TO INDEPENDENCE, INC., authorize the release of information from those sources listed under REFERENCES in the application. The information may include, but is not limited to:

Employment/Volunteer/School  
Medical Records  
Criminal/Court records

This authorization shall serve as a release of liability to all parties furnishing such information. A photocopy of this release shall be considered as effective and binding as the original. I understand records received will be treated in a confidential manner, and used only for the purpose of Intern screening.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Development Coordinator

\_\_\_\_\_  
Date

**SAMPLE OF REFERENCE FORM – DO NOT COMPLETE**  
**REFERENCE REQUEST FORM**

**Reference sent to:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ has applied for a position with our agency and listed you/your company as a reference. Please fill out the form below and return it in the envelope provided. Your response will be confidential. Thank you for your reply.

1. Time frame individual was employed / volunteered at your agency:  
 \_\_\_\_\_
2. Position: \_\_\_\_\_
3. Title: \_\_\_\_\_
4. Reason for leaving: \_\_\_\_\_
5. Would you accept again as employee / Intern? \_\_\_\_ Yes \_\_\_\_ No

	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
<b>Attitude</b>				
Punctuality				
Attendance				
Initiative				
Cooperation				
Dependability				
Respect for Others				
Responsibility				
Team work				
Leadership				

**Completed by:** \_\_\_\_\_  
 PRINT NAME AND TITLE

\_\_\_\_\_  
 INTERN SIGNATURE

\_\_\_\_\_  
 DATE

**Reference requested by: Heidi Lamb, Resource Development Coordinator**

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

## INTERN PROGRAM GUIDELINES

Intern's are highly valued at New Avenues. The lives of each resident and consumer are enriched through relationships with dedicated Interns. Our goal is to make your experience a positive one. We will make every effort to place applicants in positions that are rewarding to them and meet the needs of those we serve. Because New Avenues is responsible for the welfare of the residents/consumers, there are certain guidelines we must follow when placing Interns. While the process of becoming an Intern includes several steps, we are confident potential applicants understand the need for careful screening.

- 1 Potential Interns will fill out an application, which includes a request for references and other pertinent information.
- 2 Resource Development Coordinator and/or Community Relations Director will interview potential Interns.
- 3 Potential Interns must complete a Tuberculosis Screening. New Avenues provides this screening **free of charge**, on site at the Main Campus.
- 4 Resident/consumer information and official records must be kept in strict confidence; the Intern must sign a confidentiality statement.
- 5 Interns are expected to keep a time sheet record for number of hours spent at New Avenues to Independence, Inc. This document must be signed by supervisor.
- 6 In case a Intern is unable to fulfill a commitment, they must notify Resource Development Coordinator as soon as possible, to allow for other arrangements.
- 7 The Resource Development Coordinator will call or meet with Interns on a regular basis.

***My signature indicates that I have received a copy of the New Avenues to Independence Intern Guidelines and agree to act in accordance with them.***

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Intern Signature

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Date

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Resource Development Coordinator

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Date

## PROCEDURE FOR THE 2-STEP (TB) TEST

Prior to becoming a regularly scheduled New Avenues Intern, New Avenues requires that you participate in the 2-step Mantoux (TB) test.

You may receive the 2-step Mantoux test from one of our nurses, **at no cost to you**, or from your personal physician. If you choose to receive the test from your physician, New Avenues is unable to assume the cost.

A mutually acceptable time will be arranged through the community relations office for you to receive the TB test at our Main Campus (17608 Euclid Avenue). Please call the office if you are unable to keep your appointment.

### PROCEDURE

**STEP ONE:** TB Test is given in the forearm. You will need to return after 48 hours, but no longer than 72 hours after the test is given, to have the results read.

**STEP TWO:** Mantoux test given 7-10 days after the initial test. You will need to return to the Nursing Station after 48 hours, but no longer than 72 hours after the test is given, to have the results read.

**ALL STEPS** of this test must be completed, in the time frames indicated, to be valid.

### EXAMPLE:

Week One     1<sup>st</sup> test administered, Monday at 3:00 PM  
                  1<sup>st</sup> test read,    Wednesday after 3:00 PM to Thursday at 3:00PM

Week Two     2<sup>nd</sup> test administered, Monday at 3:00 PM  
                  2<sup>nd</sup> test read,    Wednesday after 3:00 PM to Thursday at 3:00PM

## **DRUG FREE WORK PLACE ACKNOWLEDGEMENT AGREEMENT**

Effective August 1, 1991, New Avenues to Independence has instituted a Drug-Free Workplace Plan as required by federal law. You are hereby notified that unlawful possession, use, dispensation, distribution or manufacturer of a controlled substance and alcohol is prohibited a New Avenues to Independence under the New Avenues to Independence Drug-Free Workplace Plan. Any New Avenues to Independence employee / Intern who violates this prohibition will be subject to disciplinary action, including dismissal.

It shall be the policy that as a condition of employment / Intern services at New Avenues to Independence, whether new or continuing, all New Avenues to Independence applicants must agree to:

- a. Abide by the terms of this Notice and the New Avenues to Independence Drug Free Workplace Plan in all respects; and
- b. Notify New Avenues to Independence of any criminal drug statute conviction for a violation occurring at New Avenues to Independence no later than 5 days after such conviction. A “conviction” means a finding of guilt (including a finding resulting from a “no contest” plea) or imposition of sentence, or both by court of the United States or the State of Ohio. A “criminal drug statute” means any criminal statute involving the possession, use, dispensation, distribution or manufacture of any controlled substance.

Your signature below indicates:

- a. You have received a copy of the Notice and of the New Avenues to Independence Drug Free Workplace Plan;
- b. You have read both documents and have been informed of their content;
- c. You agree to abide by the terms of this Notice and the New Avenues to Independence Drug Free Workplace Plan in all respects.

Acknowledged and Agreed:

\_\_\_\_\_  
Type or Print Your Name

\_\_\_\_\_  
Sign Your Name

\_\_\_\_\_  
Resource Development Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**WAIVER & RELEASE**

Event / Activity: \_\_\_\_\_

The undersigned Individual waives and releases all claims and causes of action against New Avenues, its officers, employees, staff and residents arising out of his/her participation in the placement at New Avenues.

I, \_\_\_\_\_ residing at  
(Print Name)

\_\_\_\_\_  
(Street Address)

hereby agree to the Indemnification Agreement set forth on this \_\_\_\_\_  
day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if under 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Development Coordinator

\_\_\_\_\_  
Date