



Building Healthy Families Internship Application

PERSONAL

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____

Email Address: _____
(Area Code)

Do you possess a valid NY State Driver's License? Yes No

Have you been convicted of a crime? Yes No

If yes,

explain: _____
OFO follows N.Y.S. Correction Law: Article 23-A and does not unfairly discriminate against persons previously convicted of criminal offenses.

Have you volunteered at OFO before? Yes No

If yes, what program and when? _____

INTERESTS AND SKILLS

What is your interest in Building Healthy Families:

What special skills/experiences do you have to offer:

I applicable, please tell us about your Placement Coordinator :

Contact Person Name: _____ email: _____ phone: _____

Relationship: _____

Number of Hours required: _____ Start Date: _____ End Date: _____

Is documentation/record-keeping required: Yes No

Building Healthy Families home visitors meet with families when they are available. They sometimes travel long distances to and from homes throughout the county. Staff occasionally participates in outreach opportunities on Saturdays. Interns are expected to commit 4- 8 hours of time weekly in order to best support BHF efforts and to get the most valuable experience as part of the BHF Team.

When are you available: days/times: _____

RELEVANT EDUCATION:

<i>Type of School</i>	<i>Name and Location</i>	<i>Course of Study</i>	<i>Degree, Diploma, Certificate</i>
High School			
College/University			
Other Education			

RELEVANT EMPLOYMENT HISTORY (*List Most Recent First*):

1. Name of Employer: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip Code)

Supervisor and Title: _____ Your Title: _____

If this is current employer, may we contact them for a reference? Yes No

Work Performed: _____

2. Name of Employer: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip Code)

Supervisor and Title: _____ Your Title: _____

May we contact them for a reference? Yes No

Work Performed: _____

ACKNOWLEDGEMENTS

Read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration as an intern and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a decision about my acceptance as an intern. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer to intern both the offer and continue placement is contingent on completion of all requirements set by OFO and the specific requirements of programs within OFO. These may include but not limited to: physical exam, background/reference check, tuberculosis testing, and other licensing requirements.

I have read, understand and by my signature consent to these statements.

Internship Applicant Signature/Date: _____

Since Interns are considered program staff in regard to adherence to program policies and procedures, the following section must be completed by Building Healthy Families internship applicants:

Please sign the following declaration which lists:

1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition; 2) convictions related to other forms of child abuse and/or neglect; and 3) all convictions of violent felonies. The declaration may exclude: any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law; any convictions which has been expunged under Federal or State Law; and any conviction set aside under the Federal Youth Corrections Act or similar State authority.

State Licensing regulations require that a prospective staff must declare whether or not they have been convicted of any misdemeanor or felony in New York State or any other jurisdiction. Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from an internship. The agency must review each case to assess the relevance of an arrest, charge, or conviction to a placement decision. Please provide your signature on the appropriate category below:

I have not been arrested, charged and/or convicted of one or more of the types of offenses listed above.

Applicant Signature: Date: _____

I have been arrested, charged, and/or convicted of one or more of the types of offenses listed above.

Applicant Signature: Date: _____

OTHER REFERENCE: (optional)

Name

Relationship

Daytime Phone

Home Phone