

Name (*circle one*): Mr./Ms/Mrs. \_\_\_\_\_

Current Address: \_\_\_\_\_ \*

\_\_\_\_\_ How Long? \_\_\_\_\_ \*

City, State, Zip Code: \_\_\_\_\_ \*

First Contact Phone: \_\_\_\_\_ Second Contact Phone: \_\_\_\_\_ \*

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

Gender: Female Male Date of Birth: \_\_\_\_\_ \*

Ethnic Origin (*circle one*): African-American/black Hispanic Caucasian/white

Other: \_\_\_\_\_ Driver's License # (if applicable): \_\_\_\_\_

Educational Background (please indicate all diplomas, degrees and certificates received):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your Major? \_\_\_\_\_ \*

From what department \_\_\_\_\_ \*

Special Skills, Languages and Hobbies: \_\_\_\_\_ \*

\_\_\_\_\_ \*

\_\_\_\_\_ \*

Have you ever been convicted, pled no contest, or had adjudication withheld in a criminal offense, felony, misdemeanor or are there any criminal charges now pending against you other than a minor traffic violation (*circle one*)? Yes No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Do you carry your own insurance policy (*circle one*)? Yes No

If so, please indicate all types carried (i.e. health, car, etc.) \_\_\_\_\_

Would you agree to an employer/criminal background check (*circle one*)? Yes No

Person to Contact in Case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**References:**

Please list three (3) people who can confirm your credentials and vouch for your character and moral reputation. Do not list relatives, significant others, or those who have known you less than two years. At least one must be familiar with your home environment.

NAME	ADDRESS	DAYTIME PHONE	YEARS KNOWN

What days and hours of the week could you be available for intership?

WEEKDAYS	TIMES (AM AND PM)
Mondays	
Tuesdays	
Wednesdays	
Thursdays	
Fridays	
Saturdays	

How many hours do you need for your internship? \_\_\_\_\_ \*

How many externship hours have you completed? \_\_\_\_\_ \*

How did you learn about our agency? \_\_\_\_\_ \*

How did you learn about this internship opportunity? \_\_\_\_\_ \*

As an intern, you may be asked to perform intern duties/services which involve physical labor, including without limitation, lifting and climbing. If you have a medical condition which may prevent you performing any internship task OR if there is any task that you choose not to perform, please advise the Supervisor or FHFV Executive Director.

I certify that all information given on this application is true and complete. I agree to abide by all the Freedom House for Women, Inc. rules, regulations and policies, either published or in effect by usage during while volunteering. I also agree to abide by all rules, regulations and laws of the State of Ohio as may be required by the Ohio Statutes.

Signed: \_\_\_\_\_

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

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

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

**INTERNSHIP RELEASE**

As an Intern, you may be asked to perform internship duties which may involve strenuous and/or physical labor, including without limitation, lifting and climbing. If you believe you have a medical condition or medical restriction which may prevent you from performing any internship task, please advise the Project Coordinator of the restrictions when you become aware of them.

If you currently are aware of any medical condition or medical restrictions which may prevent you from performing any of the internship tasks, please set forth below the restrictions, including any restrictions for lifting or climbing:

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List a person to notify in case of an emergency:

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

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

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

Phone: \_\_\_\_\_

\_\_\_\_\_  
**Intern Name**

\_\_\_\_\_  
**Witness (Agency Representative)**

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

\_\_\_\_\_  
**Date**

## **FREEDOM HOUSE FOR WOMEN, INC.**

### **CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_ agree to adhere to the ethics of confidentiality and the applicable statutes and federal regulations regarding confidentiality. I understand that I am prohibited from discussing or relaying identifying client information to any person, agency, or facility other than a staff member of Freedom House for Women, Inc. I further understand that “client information” includes direct or indirect knowledge of any person using any of the Agency’s services, including telephone, walk-in, medical, and/or counseling services. I understand that any violation of this confidentiality, except as prescribed by law, may result in prosecution.

I agree to respect the privilege of confidential information during my employment, internship, volunteer or teaching at Freedom House for Women, Inc. I, therefore, agree to hold Freedom House blameless of any responsibility of liability if, I violate the confidentiality policy.

I understand and agree to the terms outlined above by assigning my signature.

Signed: \_\_\_\_\_

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

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

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

**FREEDOM HOUSE FOR WOMEN, INC.**  
**Rules & Policies for Internship**

1. Be sure to sign the Daily Sign-In Log when reporting to and leaving the office.
2. Please call if you are going to be late, or will not be able to come at the scheduled time.
3. Please keep assigned work area neat and organized.
4. Please arrive dressed appropriately for the task assigned.
5. No smoking in the office or anywhere in the building.
6. Review the fire safety rules and evacuation route for familiarity.
7. Remember: All client information is **CONFIDENTIAL**. Share client information with FHFV staff and authorized personnel **ONLY**.
8. Be courteous at all times to clients, staff and fellow volunteers.
9. Do not argue with clients. Report client disputes to your assigned supervisor.
10. Be **OBSERVANT**. Report any suspicious behavior or disorderly conduct to FHFV Executive Director or your assigned supervisor **IMMEDIATELY**.
11. It is okay to give words of encouragement, but know the boundaries. Counseling or advice on their personal circumstances is to be left to the professionals.
12. Your suggestions and ideas for improved service delivery are welcome. Do not be afraid to share them with FHFV Executive Director or your assigned supervisor.
13. Volunteers are to have no contact with the media.

\_\_\_\_\_  
Internship Signature

\_\_\_\_\_  
Date