RIVERA MEMORIAL FOUNDATION, INC.

186 Cherry Street
Waterbury, CT 06702
www.rmfinc.org

INTERNSHIP APPLICATION

Applicant Information			
Last Name:	First:	Date:	
Street Address:			Apt/Unit:
City:	State	Zip:	
Phone:	Cell Phone:		
Email address:			
Name of Parent/Guardian:		Phone:	
Emergency Contact:	Relation:	Phone:	
Do you have health insurance? ☐ Yes ☐ No			
If yes, Name of Company:		Policy Number:	
Do you have any medical issues: ☐ Yes ☐ No			
If yes , please explain:			
Have you ever been convicted of a felony? ☐ Yes ☐ No	If yes please explain:		

Availability

Please check semesters of availability:

☐ Fall ☐Spring ☐Summer ☐Other, please explain: _____

Please check your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Early 2:30-5:30							
Middle 3:00-6:00							
Late 3:30-6:30							

Experience/Education and Skills

Current employment status: ☐ Full-time ☐ Part-time ☐ Not Employed	
Have you ever volunteered for the RMF? ☐ Yes ☐ No	
Are you currently a full-time student? ☐ Yes ☐ No	If yes, please indicate school and concentration:
Current High School Grade: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior	
Do you speak any other languages? ☐ Yes ☐ No	If yes, please list language ☐ Fluent ☐ Semi-Fluent ☐ Basic
Computer Skills/Software Used:	
Do you play any sports? If yes, please list:_____ ☐ Yes ☐ No	

Professional References

Name	Relationship and contact info (e-mail and/or phone number)

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Personal Information
How did you hear about our internship program?
What are your plans after you graduate High School?
Do you plan on attending college? ☐ Yes ☐ No What is your desired University, Junior / Community College or Trade School? What is your anticipated major or course of study?
Why are you interested in an internship in our organization?
What specific experience would you like to gain through this internship?
What are two goals you hope to accomplish as an Internship?
Describe your long-term career goals:
What do you enjoy doing during your free time?
Please list all activities you participate in during the year. (For example, include sports, music, camps and religious commitments.)
If we are short staff and need interns to volunteer one or two hours at the Rivera Memorial Foundation would you have a problem with assistance. ☐ Yes ☐ No
Disclaimer and Signature
We are pleased to welcome you into the Internship program at the Rivera Memorial Foundation, Inc. The following rules apply: 1. Interns must arrange for their own transportation to and from the office or volunteer work site. 2. Each Intern is required to remain in the program for 10 months committing to the schedule set both the Intern and the Volunteer Service site Supervisor 3. Interns are required to arrive and leave promptly at their scheduled time.

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4. Interns who will be late or absent must call the Volunteer work site as well as the RMF office at (475) 235-3182 prior to the scheduled time.
5. The Intern must follow the rules and guidelines outlined in the Volunteer Handbook received upon initial interview with the Internship Service Site Supervisor.
6. I understand that I must complete a general orientation and gain knowledge of policies and procedures that pertain to my internship position site.
7. I also certify that the statements made in this Internship application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Rivera Memorial Foundation, Inc. from any liability whatsoever for supplying such information.
8. I understand that I will not be paid by my work site as I provide my internship services. I understand that though this is a internship volunteer program, the staff and work site will tries to make it as much like a "real job" as possible. They may conduct a "real" interview.

I UNDERSTAND THAT THE OBJECTIVE OF THIS PROGRAM IS TO PROVIDE POSITIVE ALTERNANTIVES BY PROVIDING YOUTH WITH WORKSHOPS, TOPICS SUCH AS: CAREER DEVELOPMENT, SUBSTANCE ABUSE INTERVENTION/PREVENTION, TEEN PREGNANCY PREVENTION, DATE RAPE/SEXUAL ASSAULTGANGS/VIOLENCE, ALSO WILL INCLUDE RECREATIONAL ACTIVITIES, FIELD TRIPS, AND PEER TUTORING, THIS IS TO BE PROVIDED TO YOUTH FROM AGES OF 15- 18 YEARS OF AGE. THIS MEANS THAT WHILE IN THE PROGRAM I WILL NOT BE INVOLVED WITH ANY SUCH, DRUGS, GANGS OR ANY TYPE OF CRIME OR VIOLENCE. I WILL ATTEND SCHOOL REGULARLY AND MAINTAIN AT LEAST A "C" AVERAGE AND I WILL BE RESPONSIBLE TO SUBMIT MY REPORT CARD TO THE YOUTH DEVELOPER. I ALSO UNDERSTAND THAT IF AT ANYTIME I GET SUSPENDED FROM SCHOOL I AM TO REPORT IT TO THIS PROGRAM IMMEDITLY.WHILE I AM SUSPENDED FROM SCHOOL I AM AUTOMATICALLY SUSPENDED FROM THE PROGRAM AS WELL AS ANY FUNCTION OR ACTIVITIES THEY MIGHT BE HAVING. IT IS ALSO MY RESPONSIBILITY TO NOTIFY THE PROGRAM SHOULD I HAVE ANY PROBLEMS, ISSUES, CONCERN AT HOME/SCHOOL. ALSO I WILL PARTICIPATE IN ALL ACTIVITIES THATARE OFFERED TO ME, NOT JUST THE ONES I LIKE. AS PART OF THE INTERNSHIP PROGRAM, ALL INTERNS MUST MANDATORY VOLUNTEER ONE DAY OR 3.5 HOURS PER WEEK. AT THE RIVERA MEMORIAL FOUNDATION, INC. OFFICE, BRIDGE AFTER SCHOOL, MENTOR PROGRAM, OR OTHER PROGRAMS WHERE NEEDED. FAILURE TO COME IN THE ASSIGN DAY TO VOLUNTEER, WILL RESULT IN ONE DAY OR 3.5 HOUR OF DOCK TIME FROM YOUR STIPEND. WHILE IN THE PROGRAM I WILL RESPECT MY AUTHORITIES AS WELL AS OTHER PARTICIPANTS. IF AT ANYTIME I BREAK ANY OF THE RULES IN THIS CONTRACT AND THE INTERNSHIP RULES AND REGULATIONS HANDBOOK I WILL BE IMMEDIATELY TERMINATED FROM THE INTERNSHIP PROGRAM. I UNDERSTAND THAT BY SIGNING THIS CONTRACT I HAVE TO ABIDE BY RULES AND REGULATION. I AGREE TO THE STIPULATION AND WILL ACCEPT THEM TO THE BEST OF MY ABILITY.

This form must be signed and returned to the RMF. Inc office prior to start date.
I have read and understand the above rules and permission is given for my son/daughter

_____to become an Intern at the Rivera Memorial Foundation, Inc. Bridge After School Enrichment program or assign volunteer site. I also give permission for my child to have their photo taken and used for promotional media for the organization.

Applicants please read and sign the statement below. Please consider me for the Internship Program. I have read and understand that the Program is a year-round commitment for both my family and me. I, hereby, state that I have completed this application with minimal help from my parent or guardian. I agree to the requirements Stated and will cheerfully do what is asked of me. I understand it might be possible that depended on my assign volunteer work site; I must attend an orientation session with my parent/guardian before I can begin internship at Rivera Memorial Foundation, Inc. Furthermore, I understand all photographs of me participating in activities may be used for publicity for the RMF Inc.

Parent Signature:	Date:
Applicant Signature:	Date:

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Confidentiality Statement	
I accepted as an Internship program at the Rivera Memorial Foundation, Inc. & _____, I agree that: I understand that under the Health Insurance Portability and Accountability Act (HIPAA) guidelines, resident, participates, clients, etc. protected health information (PHI) is required by law to maintain the privacy of medical information pertaining to our residents, participates, clients, etc. PHI includes: Any individually identifiable health information that is transmitted or maintained by RMF or volunteer work site; Identifies and individual or offers a reasonable basis for identification; relates to a past, present or future physical or mental health condition; is created or received by volunteer work site. I shall hold confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient. Discussing information about a resident with employees (other than directly involved with that resident's care) with other residents, volunteers, visitors, friends, neighbors or otherwise unauthorized individuals is inappropriate. My services are donated to the facility without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on RMF or volunteer site property, unless I receive the expresses authorization of the Volunteer Service Supervisor to engage in these activities. I shall submit my test examinations, which may include chest x-rays, TB skin tests, appropriate laboratory test and/or immunizations that may be necessary as part of my volunteer service. I shall attempt to resolve any problems related with my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Volunteer Service Supervisor or Rivera Memorial Foundation supervisor, I will bring fore to Exec. Director. I shall make my best effort to fulfill my commitment to the volunteer work site by completing all assignments that I accept. I shall at all times uphold the mission and standards of the Rivera Memorial Foundation, Inc. I understand that the Rivera Memorial Foundation, Inc. or the Volunteer Services Department work site reserves the right to terminate any volunteer status as a result of (a) failure to comply with site policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of the department Supervisor, would make my continued services as a volunteer contrary to the best interests of the Rivera Memorial Foundation, Inc. or the Volunteer Services Department work site. I have read each of the above conditions and I agree to be bound to them.	
Parent Signature:	Date:
Applicant Signature:	Date:

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Student Name: Last _____ First _____ MI ____

Student Gender: _____ Male _____ Female

Student Date of Birth: Month _____ Day _____ Year _____

Student Grade: Check one for current school year

____ 9 ____ 10 ____ 11 ____ 12 ____

College/School attending next year: _____

Student Race: (check only one)

____ White ____ Black ____ Asian ____ American Indian ____ Pacific Islander ____ Other

Hispanic/Latino: ____Yes ____No

Family Status: Check the line that best describes the adults living in the student's home at the present time.

____ Mother & Father ____ Mother only ____ Father only

____ Mother & Stepfather ____ Father & Stepmother ____ Foster Parents

____ Other relatives ____ Other (please specify) _____

Household Income: It is important to know something about the household income levels of the students using the center.

Does the household receive AFDC / TFA? ____ Yes ____ No

Does the student receive free / reduced price meals at school? ____ Yes ____ No

Please select the appropriate range your household income falls in at the present time:

___ $ 0-$1,000/ month OR $0-$12,000/ year ___$1,001- $2,000/month OR $12,001-$24,00/year

___ $2,001-$3,000/month OR $24,001-$36,000/year ___ $3,001-$4,000/ month OR $36,001-$48,000/year

___ $4,001/ month OR $48,001/year

All information provided is CONFIDENTIAL and used for grant purposes only