

Student/Intern/Practicum Application

Date: _____ Internship to begin on: _____

Name: _____

Address: _____

Preferred contact number: _____ Current School: _____

Email Address: _____

What grade or year are you in?		Indicate Masters or Bachelor Program	
What program is the internship for?		# of Hours Needed	
Is your specialty with Children or Adults?		Name, email, phone of advisor for program:	
Time of day you are available:			
Days of week you are available:			

Do you have any family members who are clients at Vera French? YES NO

What are your plans after graduation? _____

What type of activity(s) are you seeking to participate in or gain exposure to: _____

What is your deadline date for notice back to your school that a placement has been secured? _____

If you have a disability, what accommodation would you need to complete this internship? _____

Have you ever been convicted of any violation of law: felonies, misdemeanors and/or ordinance violations other than a minor traffic violation? *(Example: speeding is considered a minor violation; operating while intoxicated is major and should be disclosed.)* If yes, please explain (convictions, locations, and dates):

Student Internship & Practicum Guidelines

- Students participating as part of a formal academic program may not engage in any activity conducted on Vera French CMHC properties until a written memorandum of agreement (aka: Cooperative Agency Agreement) is established, and requirements listed in that agreement are completed.
- Students not participating as part of a formal academic program shall not participate in any activity conducted on Vera French CMHC properties without completion of this form and until written approval is given by the Staff Development Committee or designated representative; and if necessary, all required criminal background checks, Medicare FWA verifications, and Child/Dependent Adult Abuse Registry checks are completed and certified as clear.

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

(Note: If under the age of 18, do not answer)

NOTIFICATION AND AUTHORIZATION TO CONDUCT PERSONAL HISTORY AND BACKGROUND INVESTIGATION

I understand that I may be subject to a criminal background check and/or OIG registry verification. If a criminal background investigation and/or OIG registry verification is needed I will be provided a separate authorization form for me to sign which shall authorize Vera French Community Mental Health Center, or any of its affiliates, to investigate my criminal background and/or OIG registry status to determine any and all information of concern as to my record.

Additionally, I hereby authorized Vera French Community Mental Health Center to make any investigation of my personal history, educational background, military record, motor vehicle records, and credit history either internally or through an investigative or credit agency or bureau of Vera French's choice. I authorize the release of this information by the individuals and/or appropriate agencies to either Vera French Community Mental Health Center or the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

If a background and/or personal history investigation is conducted, I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information, and I understand that an acceptable report is a condition of volunteering with Vera French Community Mental Health Center. A negative background check or unacceptable personal history investigation can be grounds for dismissal, even if a volunteer assignment has been made available to me and I have been participating in such activity(s). My signature below also certifies that answers given are true and complete to best of my knowledge. I understand that false statements or incomplete information on this application may be grounds to eliminate me from further consideration.

PLEASE SIGN HERE: _____ **Date** _____

PRINT NAME: _____

Vera French Community Health Center, and its affiliates, is committed to the principle of equal opportunity and employment. The VFCMHC does not discriminate on the basis of race, color, religion, creed, sex, gender identity or sexual orientation, national origin or ancestry, age, mental or physical disability, marital and familial status or other characteristic protected by law in admission to, access to, or treatment in, or employment in its programs and activities. The following person has been designated to handle inquiries regarding the VFCMHC nondiscrimination policies: Director, Human Resources, Vera French Community Mental Health Center, 1441 W. Central Park Avenue, Davenport, IA 52804. Inquiries concerning the application of nondiscrimination policies may be also referred to: U.S. Office for Equal Opportunity and Civil Rights Commission at www.ed.gov.

Thank you for considering Vera French Community Mental Health Center.

Submission of a resume or list of experiences is helpful for consideration.

Submit to:

Human Resources

Vera French Community Mental Health Center

1441 W. Central Park Ave.

Davenport, IA 52804

E-mail: HR@verafrenchmhc.org

Fax 563.324.4368; Phone: 563.888.6231