

Wedgwood Christian Services
STUDENT INTERNSHIP APPLICATION
3300 36th St., Grand Rapids, MI 49512
Ph. (616) 942-5027 Fax: (616) 942-0589

Applicant Name _____ Today's Date _____
(First) (Middle Initial) (Last)
 Present Address _____ Phone No. () _____
(Street)
 City and State _____
(City) (State) (Zip)
 School _____ Major _____ Class Level _____
 Are you at least 20 years of age? _____ Yes _____ No

EDUCATIONAL BACKGROUND

Begin with High School and please indicate major course of study and graduate school specialty, if any.

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREE

EMPLOYMENT BACKGROUND

Begin with first pertinent experience and give chronologically to present.

NAME OF EMPLOYER	PHONE NUMBER	PERSON RESPONSIBLE	TYPE OF WORK	DATES

(If you wish to elaborate on the above, please do so on a separate sheet or back of this page.)

Are you interested in pursuing a specific program or area in this internship (i.e. substance abuse, prevention, residential, foster care, etc.)? If so, please list here:

In addition to pertinent employment, have you had other experiences which could prepare you for this work? Explain.

GOALS & PHILOSOPHY

Please describe your goals for this placement: *(Use a separate sheet, if necessary)*

Describe your personal philosophy; indicate how this might relate to your concept of this placement. *(Use a separate sheet, if necessary.)*

Have you read carefully the attached STATEMENT OF FAITH of Wedgwood Christian Services, and are you in agreement with it? Yes No If not, please explain your differences on a separate sheet.

ADDITIONAL INFORMATION

Have you ever been convicted of a criminal offense? Yes No

Are there any felony charges pending against you? Yes No

If you answered (yes) to either question, please give dates, nature of the offense, current status and explanation:

Have you ever had a complaint filed against you with Department of Protective and Regulatory Services (child or adult protective services) in Michigan or any other state? _____ Yes _____ No

If yes, explain _____

Have you had 3 or more moving violations within the past 3 years, an alcohol/drug related violation within the past 5 years, or a suspended/restricted license within the past 3 years? If so, explain:

Do you have a current valid Driver's License? _____ Yes _____ No

Are there any factors, such as other commitments, planned absences, etc. which could have an actual or potential bearing on this placement? If yes, please explain.

List four individuals, who are not related to you, who are able to give an evaluation of your character, capabilities, and performance. At least one of the references should be a supervisor from previous employment.

	Name	Relationship	Address	Phone Number
1				
2				
3				
4				

What requirement would you be meeting through this placement? _____

Please give your Faculty Liaison's name and phone number: _____
Name *Phone*

How many hours are you required to be in placement? _____ What days of the week and hours on each day will you be available? _____

Date placement can begin: _____ Date placement must be completed by: _____

Applicant Signature

_____/_____/_____
Date

WEDGWOOD CHRISTIAN SERVICES

Statement of Faith

We believe in God, the Father, who creates and sustains us, Jesus Christ, the Son, who redeems and rules us, and the Holy Spirit, who guides us personally and professionally, through God's inspired Word, the Bible, our infallible guide for faith and conduct, and through the communion of Christians. As an expression of our gratitude to God, we are committed to serving children, youth, and families in a manner which is professionally excellent and which brings honor to His name.

Affirmed by the Board of Directors

CONSENT FORM

As a prospective employee/volunteer of **WEDGWOOD CHRISTIAN SERVICES I** understand that it is this organization's policy to secure criminal history and driving record (if applicable) information as part of their pre-employment screening process using the information as part of their pre-employment screening process using the information provided below.

Name _____
Last *First* *Middle*

Department _____ Position _____

Maiden name or names previously used _____

Birth date _____ Race _____ Sex _____

Social Security Number ____ / ____ / ____

Drivers License Number _____ State _____

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing Michigan. I authorize **Wedgwood Christian Services** to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature

Date

WEDGWOOD CHRISTIAN SERVICES

Confidential Information

Wedgwood Christian Services is a professional human service agency. As such, we are committed both to providing the highest level of professional service and to treating each client and family with the greatest respect. Professionalism and respect necessitate a commitment to the principle of confidentiality. Wedgwood Christian Services requires that all of its current and former staff, students, volunteers and teachers maintain confidentiality in the following manner:

- a.) A client's name may never be used in a public situation or in casual conversation away from agency facilities.
- b.) A client may never be exploited for personal benefit or for the benefit of the agency.
- c.) All case records are to be maintained in a secure and locked place. All other written materials concerning clients are to be maintained within the physical confines of the agency.
- d.) Releases of information may only occur on the basis of a properly authorized and signed consent. Requests for information releases should be referred to the clerical department.
- e.) Client names or other identifying information may never be used in connection with a case study for an academic institution or to write an article for a journal, professional paper or other publication.

The unauthorized release of confidential information by a current staff member, student, teacher or volunteer is a serious breach of our professional ethics, and will result in appropriate disciplinary action, up to and including discharge. The unauthorized release of confidential information by a former staff member, student, teacher or volunteer is also expressly prohibited; such individuals place themselves at risk of legal action.

As an employee, student, teacher, or volunteer working at Wedgwood Christian Services, I hereby agree to adhere to this policy regarding confidentiality. I understand that this document will become a permanent part of my personnel file with the agency.

Name

Date

Wedgwood Representative's Name

Date