



INTERN APPLICATION

The overall goal of the internship program is to offer the opportunity to engage in intern driven and action oriented projects and activities. An internship at Caring Choices allows for use of the knowledge and theory learned in the classroom with practical application and skills development. We offer experiential learning through our Case Management, Housing and BRANCH programs. The internship provides an opportunity to work collaboratively within interdisciplinary fields. Under the supervision of program managers, interns will implement focus-based tasks and projects from start to finish, as well as participating in the operations of the nonprofit.

INTERNSHIP CORE REQUIREMENTS *(Changes may occur to align with school requirements)*

- Must be 18 years or older
- Submit an application
- Complete an interview
- Complete onboarding and offboarding paperwork:
 - Complete background check
 - Orientation and statement of understanding
 - Outgoing evaluation and experience survey
- Choose a focus option, attend meetings for orientation, updates, project reporting, goal setting, training and planning, complete tasks and projects related to that option, this includes researching and developing solutions for addressing needs based on your focus option
- Goals and purpose paper (1 page)
- Document experience through internship hours log
- Attend all intern meetings for professional development (speakers, workshops, networking)
- Reflection paper based on experience (1 page)

Summer: June 7, 2021 - August 13, 2021
 240 hours based on 10 weeks @24 hours a week

- Focus option research and development (60 Hours) @6 hours per week
- Customer service and reception (150 Hours) @15 hours per week
- Public Relations and outreach (30 Hours) @3 hours per week

Fall: August 30, 2021 – December 10, 2021
 384 hours based on 16 weeks @24 hours a week

- Focus option research and development (96 Hours) @6 hours per week
- Customer service and reception (240 Hours) @15 hours per week
- Public Relations and outreach (48 Hours) @3 hours per week

INTERN EXPECTATIONS AND LEARNING OBJECTIVES

- Perform all work in manner consistent with Caring Choices’ mission
 - Comfortable working and communicating with the public and speaking in front of small groups
 - Time management and project management, be reliable and responsible, punctual for shifts
 - Have a general understanding and familiarization with service providers in Northern California
- Work independently and within a team environment

PROJECT FOCUS OPTIONS Check the box to identify which project area you will focus on during your internship

- Bridging Resources and Nutrition for Community Health (BRANCH)
Aims to reduce barriers and increase accessibility of fresh nutritious food to residents facing food insecurity in Northern California
- Case Management
Ascertain needs of persons seeking aid, develop long term plans for supporting needs (housing, food etc.) and connect them with services
- Housing Program
Focuses on increasing access to immediate shelter, transitional and permanent housing

AVAILABILITY Your internship requires you to be in the office at least 16-24 hours a week, depending on your program. Mark the times with an X when you are not available to be in the office

Day/Time	Monday	Tuesday	Wednesday	Thursday	Friday
8am-9am					
9am-10am					
10am-11am					
11am-12pm					
12pm-1pm					
1pm-2pm					
2pm-3pm					
3pm-4pm					
4pm-5pm					

Please describe why you are interested in an internship with Caring Choices:

Are you participating in this internship to fulfil a requirement for school or other obligation, provide details?

List any relevant skills or abilities which you feel make you especially suited for an internship at Caring Choices:

Please describe any previous experience or current affiliations you have with clubs, programs, student organizations or other extracurricular activities:

PAST EXPERIENCE List below your previous work/volunteer experience, beginning with your most recent

Dates/Supervisor	Employer/Organization	Job Title & Duties
From:	Name:	
To:	City/State:	
Supervisor:	Telephone:	

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From:	Name:	
To:	City/State:	
Supervisor:	Telephone:	

May we contact the agencies/employers listed above? _____ If no, please indicate which one(s) you do not wish us to contact: _____

PERSONAL REFERENCES

Name	Address	Telephone

May we contact the personal references listed above? _____

PLEASE READ AND SIGN BELOW:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for internship, and or placement as an intern and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application, or on any document used to secure internship, shall be grounds for rejection of this application or for immediate discharge regardless of the time elapsed before discovery.

I hereby authorize Caring Choices to thoroughly investigate my references, work record, education and other matters related to my suitability for internship, authorize my former employer or agency where I volunteered to disclose to Caring Choices any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Caring Choices, my former employers, and all other persons, corporations, partnerships and associations from any and all claims demands or liabilities arising out of or in any way related to such investigation or disclosure.

In consideration of my internship, I agree to conform to the rules and standards of the Agency and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Agency. I understand that no intern or representative of the Agency other than the President of the Agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Agency may not alter the at-will nature of the employment relationship unless the Agency does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signed _____ Date _____

Caring Choices is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex (including sexual harassment or pregnancy), national origin, ancestry, age (over 40), mental or physical disability, veteran status, medical condition, marital status, sexual orientation or political activity.

For Office Use only:
Received by _____ Date Received _____
Interview: Yes _____ No _____ Date: _____ With: _____
Background Check: Yes _____ No _____