

Series: 500 Training & Supervision

Policy Name: Internship Policy

Policy Number: 508

Origination Date: 08/20/14

Revision Date: 3/29/19

Attachments: Application for Internship

Policy: Communities Connected for Kids (CCKids) recognizes the value of serving as a training site for students from a variety of professional disciplines.

Procedures:

CCKids will provide internship opportunities for students from local Accredited Universities. All such agreements shall be approved by the Chief Executive Officer or designee prior to the initiation of any Internship.

All prospective Interns must be at least 18 years of age, currently enrolled, and in good standing in a degree program from an approved, accredited–collaborating educational institution. The collaborating educational institution or the student will be responsible for providing proof of liability insurance for the trainee prior to the initiation of any Internship experience.

Interns are responsible for maintaining the confidentiality of all proprietary information and/or privileged information concerning the clients.

In the event a current CCKids employee wishes to complete an Internship within a CCKids program, this experience must be in a different position at a different program from that in which he/she normally works. Current CCKids employees shall not be paid for any time spent completing their Internship.

Each prospective trainee shall complete an interview with the Director of Organizational Development and the program supervisor. The purpose of this interview shall be to review the consistency of the trainee's course of study, professional interests, and expectations with those of the program.

Supervision and Evaluation Requirements

- A CCKids staff member with the skills and experience relevant to the training experience shall be designated as the primary supervisor.
- The primary supervisor will have overall control and responsibility for the trainee's program. This responsibility shall include, at a minimum, the following:
- Primary responsibility for initial orientation of Interns assigned to them at the outset of the experience and as needed on an ongoing basis;
- Ensuring that Interns engage only in those activities that fall within the scope of competence of either the student or the supervisor;
- Ensuring that the trainee receives all necessary information relevant to successful completion of his/her assignment, monitors the duties of this trainee and provides feedback/evaluation to the person as needed;
- A minimum of one hour of individual face-to-face supervision per week is required. Timely completion of the periodic evaluation of the trainee's performance as specified in the agreement

between CCK and the collaborating educational institution. This evaluation shall be reviewed with the trainee during supervision prior to being forwarded to the collaborating educational institution. A copy of the completed evaluation shall be forwarded to Human Resources for inclusion in the trainee's file.

3. Interns shall provide direct service to persons served only in collaboration with an appropriately credentialed CCKids staff member. Interns shall not be assigned **primary** responsibility for the delivery of clinical services.

- Termination of Internships

- Interns may resign from the internship at any time. Interns who resign are requested to provide advance notice of their departure and a reason for their decision.
- The designated CCKids supervisor may seek to terminate an Internship when corrective efforts have not resulted in necessary changes in performance or behavior, or when the continuation of the Internship may pose a risk to persons served, it is expected that the designated supervisor will attempt to resolve any difficulties through supervision meetings and, if necessary, consultation with Practicum Coordinator of the educational institution prior to seeking termination. Reasons for dismissal of a trainee may include, but are not limited to: gross misconduct or insubordination; being under the influence of alcohol or drugs; theft of property or misuse of agency equipment or materials; abuse or mistreatment of people served or coworkers; failure to abide by agency policies and procedures; failure to meet standards of performance; and failure to perform assigned duties.

Approved: Carol Deloach

Carol Deloach, CEO

3/29/19

ATTACHMENT A - APPLICATION FOR INTERNSHIP

Name: _____ Application Date: ____/____/____

Street Address: _____ City / Zip: _____

SS Number: _____ - _____ - _____ Home Phone: (____) - _____ - _____

Work Phone: (____) - _____ - _____ School / University: _____

Internship Experience Desired: _____

Expected Internship Duration: _____

Availability (Check All That Apply):

____ Mon (Time(s)): _____	____ Fri (Time(s)): _____
____ Tues (Time(s)): _____	____ Sat (Time(s)): _____
____ Wed (Time(s)): _____	____ Sun (Time(s)): _____
____ Thu (Time(s)): _____	____ Special Events

Have you had prior experience with children and families in the child welfare system? Y N

If yes, describe briefly: _____

How do you hope to benefit from the internship experience?: _____

Are there any special skills / talents that will assist you during the internship?: Y N

If yes, describe briefly: _____

References: Please list three individuals, other than relatives, who may be contacted for professional and/or personal recommendations. Students, please identify two teachers we may contact.

1) Name: _____

Address: _____

City / Zip: _____

Phone: _____ - _____ - _____

2) Name: _____

Address: _____

City / Zip: _____

Phone: _____ - _____ - _____

3) Name: _____

Name: _____

Address: _____ City / Zip: _____

Phone: _____ - _____ - _____

Prior Experience: Please describe previous work/school and/or volunteer experiences.

1) Business/Agency/School: _____ Phone: _____ - _____ - _____

Address: _____

Position / Role: _____ Dates: From: _____ to _____

Duties: _____

2) Business/Agency/School: _____ Phone: _____ - _____ - _____

Address: _____

Position / Role: _____ Dates: From: _____ to _____

Duties: _____

3) Business/Agency/School: _____ Phone: _____ - _____ - _____

Address: _____

Position / Role: _____ Dates: From: _____ to _____

Duties: _____

****Please read the following statements carefully before signing the application.****

As an applicant for an Internship with Communities Connected for Kids, I understand and agree that CCKids may review any past employment, volunteer or school activities and may contact references listed in this application.

I hereby authorize CCKids to obtain the necessary information regarding these areas from any or all previous employers, volunteer sites, and references.

I further release CCKids and its agents from any liability or damages that may result from this exchange of information.

I understand that CCKids is not obligated to provide a Internship opportunity, nor am I obligated to accept any Internship opportunity that may be offered.

Applicant Signature

____/____/____

Date

Thank you for your interest in completing your Internship