



The Saville Center  
for Child Advocacy

Protect. Prevent. Heal.

## Internship Application

Date of Application: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name, Last First Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Social Security Number (for OSBI background check): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Are you volunteering for Class Credit? \_\_\_\_\_ Hours required: \_\_\_\_\_

I am a (please check one): BS Student \_\_\_\_\_ MS Student \_\_\_\_\_ Other \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ College/University: \_\_\_\_\_

Please indicate your internship requirements:

Hours per semester: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

\*Please attach resume

Are you available a minimum of 10 hours per week? \_\_\_\_\_

Please fill out your hours of availability for the semester that you are seeking an internship:

Day	Time (9am-5pm)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

**Because of the sensitive nature of our work with at The Saville Center, we strive to place interns in the most appropriate position possible to meet the needs of the children and families we serve.**

How did you hear about The Saville Center? \_\_\_\_\_

Throughout your employment history, experiences, or education, have you had any exposure to issues of child abuse, neglect, or domestic violence? Describe the situation and how you addressed it? Continue on separate piece of paper if necessary.

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Briefly describe why you would like to intern/volunteer at The Saville Center.

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What do you know about The Saville Center? What do you expect to contribute?

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What are your career goals? Where do you want to be in 5 – 10 years? How do you see this internship complimenting those goals? Continue on separate piece of paper if necessary.

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Describe a particularly stressful situation from your work or volunteer positions and how you handled it? Continue on separate piece of paper if necessary.

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How do you manage your schedule between work, school, and activities?

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If you encounter something in a job situation or volunteer position that you do not understand, how do you handle that? Continue on separate piece of paper if necessary.

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Please list any foreign languages you speak. \_\_\_\_\_

Are you involved with or a member of other clubs, groups or organizations?

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Please list any special skills, hobbies, or interests you have that might be helpful in your work at The Saville Center.

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What would you like to tell us about yourself that is not reflected on your resume?

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**Employment**

If currently employed, please complete:

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

May we contact your employer for a reference? \_\_\_\_\_

**Volunteer Experience**

<u>Agency</u>	<u>How long</u>	<u>Responsibilities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Personal References (non family)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

***Please have references fill out attached sheets (pages 8 & 9) and mail directly to address listed below.***

**Emergency Notification**

In case of an emergency while at The Saville Center, please notify:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (other) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please send completed application to:**

**The Saville Center**

**Attn: Volunteer\_Coordinator**

**PO Box 393**

**Stillwater, Oklahoma 74076**

**Or via email to:**

**saville@savillecenter.org**

***Upon receipt of your application, your references will be contacted and an interview with the Volunteer Coordinator will be set to discuss the internship.  
Please allow 4 weeks to process your application and background check.***

## FELONY AND MISDEMEANOR CONVICTION INFORMATION

The CARE Center screens prospective employees, interns and volunteers to evaluate whether an applicant poses a risk of harm to the children, youth, and families it serves. Information obtained does not automatically bar employment or volunteer opportunities. Relevant circumstances are appraised. This disclosure is to be completed by applicants prior to further consideration. Any falsification, misrepresentation, or incompleteness in this disclosure is sole and adequate grounds for rejection or termination. This agency works closely with federal, state, and local law enforcement agencies to verify all information to the maximum extent permitted by law.

1. I have \_\_\_ have not \_\_\_ been convicted of a felony or a misdemeanor. If your answer is affirmative, give details, including date, place, nature of conviction, and disposition.

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2. I am \_\_\_ am not \_\_\_ currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor. If your answer is affirmative, please give details, including the type of charges.

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3. I have \_\_\_ have not \_\_\_ ever been prohibited from serving in any capacity as an employee or volunteer with any organization or agency working with children. If your answer is affirmative, please give details, including the date and name of the organization and address.

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4. I have \_\_\_ have not \_\_\_ ever been reassigned, removed or asked to leave any position involving contact with children. If your answer is affirmative, please give details, including the date, name of organization and address.

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***The Saville Center does not accept applicants if they have been convicted, have prior charges, or have charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or related acts that would pose risks to children or to the Center's ability to provide services.***

I have read this form in its entirety and understand that the information may be verified by The Saville Center, and that the inclusion and/or admission of any false information or omission of any requested information is cause for my immediate dismissal from internship and/or volunteer placement at The Saville Center. I agree to inform The Saville Center if this information changes any time during my participation as an intern and/or volunteer at The Saville Center.

Signature of Intern/Volunteer \_\_\_\_\_ Date \_\_\_\_\_

## **PLEDGE OF CONFIDENTIALITY**

Some of the work you may do if you become an intern and/or volunteer at The Saville Center will give you access to personal information about children and their families, who may be clients, volunteers or employees of the Center.

Any information observed in connection with volunteering at The Saville Center is considered strictly confidential and it may not be disclosed except as permitted or required by law and by The Saville Center policies and procedures. Confidential information includes client information that is disclosed on paperwork, interviews and follow-up meeting, client reports or records generated by The Saville Center and those sent by other agencies to The Saville Center, medical/psychosocial information and other personal information about clients, his/her seeking services of the Center, what transpired at any meeting with the client and/or any information gathered while working with the client or with the client's family as well as any personal information disclosed to you in your intern and/or volunteer capacity at The Saville Center.

## **VOLUNTEER PLEDGE OF CONFIDENTIALITY**

I promise that I shall hold in confidence all pertinent information relating to the individual cases and clients at The Saville Center. I will not violate the confidential relationship between The Saville Center, its volunteers, participating and related agencies, courts and any and all parties interviewed or present at the Center. I will not remove any written or taped information or records from the offices of The Saville Center without the expressed permission from the Executive Director or designated professional staff.

I agree to return all information that I have gathered, together with any printed matter or notation relevant to any and all cases and/or clients to which I have been assigned, at the request of the Executive Director or any designated member of the professional staff.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement. Your confidentiality obligation shall continue indefinitely. Failure to comply with this confidentiality agreement could result in immediate termination of your position.

## **INTERNSHIP/VOLUNTEER STATEMENT**

I hereby acknowledge and understand that with the completion of this application, I give my permission to The Saville Center and to its authorized agents to access information with regard to any criminal history, employment history and other information that may be appropriate to my qualification to serve in The Saville Center Intern Program.

I further understand that The Saville Center has the right to review this application and subsequent information, to unconditionally accept or reject my application for intern/volunteer service, and to terminate my intern/volunteer placement at any time and that upon termination, I will return any and all properties issued to me by The Saville Center.

I agree that upon placement I will perform my intern/volunteer responsibilities without compensation and that in performing those responsibilities, I am not acting as an employee or official representative of The Saville Center

As an intern, I understand that after successfully completing orientation and training sessions, personal time of placement, and will provide a minimum of 10 hours per week service for the entire duration of

the semester. If unforeseen circumstances should prevent me from fulfilling this obligation, I will submit my written resignation to the Volunteer Coordinator with as much advance notice as circumstances permit.

I understand my conduct as an intern and/or volunteer of The Saville Center, whether interning directly at The Center or in the community at large will be decent, moral, and above reproach.

Signature of Intern/Volunteer \_\_\_\_\_ Date \_\_\_\_\_

**The Saville Center  
Internship Program  
Letter of Reference**

The below named individual has applied for an Internship/Volunteer position at The Saville Center. The Saville Center is a non-profit agency working with abused children and their families. Your name was provided as a reference and we would appreciate your completing this form, along with any additional information you can share. Your response will be kept confidential and we ask for your open and honest opinion, particularly due to the nature of our work.

Applicant's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

How do you know this person? (i.e. friend, co-worker) \_\_\_\_\_

How often do you see him/her?  
\_\_\_\_\_

Have you ever observed him/her around children? If so, what was your impression?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this person reliable? (i.e. on time committed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can this person keep client information confidential?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this person, to your knowledge, ever been involved with Child Protective Services?  
\_\_\_\_\_  
\_\_\_\_\_  
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In your opinion, what are this person's primary strengths and weaknesses?

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Other information you feel is pertinent in deciding if this person should be an intern at an agency which works with abused children?

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Signature

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Date

Please return to: **The Saville Center**  
**Attn: Volunteer\_Coordinator**  
**P.O. Box 393**  
**Stillwater, Oklahoma 74076**  
**(405) 377-5670**  
**(405) 377-1880 Fax**  
**[saville@savillecenter.org](mailto:saville@savillecenter.org)**