



Date of Application: _____

Application Form for Internships

Thank you for your interest in Open Hearts Family Wellness. We are devoted to community well-being and to walk besides our clients to inspire a health future.

Open Hearts Company Values = Servant Leadership + Professional Excellence + Bold & Innovative:

- The servant-leader shares power and genuinely puts clients and staff first
- Commitment to providing superior service and modeling the highest standards
- Proactive in taking risks to propel our mission forward.

Internship Program

Open Hearts Internships are designed to expand the depth and breadth of academic learning for you in your particular areas of study. It is an opportunity for you to receive experience in applying theories learned in the classroom to specific experiences in the community and work world. An internship can also heighten your awareness of community issues, motivate you to create opportunities, embrace new ideas, and give direction to positive change.

To be considered for an internship at Open Hearts, please complete and submit this application to human resources for consideration. The human resources department will distribute your application to the appropriate area of interest within Open Hearts. **All internships are unpaid opportunities to meet educational goals.**

Personal Information

Name: _____ Telephone: _____

Address: _____

Email: _____ Date of Birth: _____

Gender: _____ Nationality: _____

Emergency Contact: _____ Phone Number: _____

Education Details

College/Institute/University	Degree/Major	Year	GPA

Besides, the above did you take any training, did any additional courses? If yes, please mention.

Please mention if you have any specific skills and know-how which would be useful to consider your application? These may include skills such as web designing, graphics and art design, model-making, communication such as theatre, music etc.

Have you participated/volunteered/interned behavioral health programs? If yes, please describe the activity and your role very briefly.

Internship Details

Duration of Internship: From (Date)____/____/____ to (Date)____/____/____

Number of months: _____

Field of interest during Internship (Please use highlighter for selecting. You can check more than one option)

<input type="checkbox"/> Field Work	<input type="checkbox"/> Research	<input type="checkbox"/> Documentation
<input type="checkbox"/> Communication Material development	<input type="checkbox"/> Networking/Campaigns/Fund Raising	<input type="checkbox"/> Other (explain)

What motivated you to apply for an internship with Open Hearts? Please mention in not more than 200 words.

How do you think the learnings from this internship will be useful in your professional and personal life?

Terms and Conditions

- The interns once placed at Open Hearts will need to complete the term for which the placement has been agreed upon. Once decided, no change will be generally allowed, but exceptions will be allowed in case the intern and mentor feel the need for a change in assignment.
- Open Hearts will provide a Certificate to the intern on completion of the term and based on the report from the mentor.
- The intern will follow Open Hearts rules and conform to the values and work ethics of the organization.
- In case of a medical emergency or any genuine problem which needs that the intern would not be able to complete the mandatory days, the mentor can recommend extension of the term depending on the requirement for the project. In such cases, certificate will be given only if the internship is completed.
- Open Hearts provides services to children and as a result, every employee, volunteer, and intern is required to possess a level one fingerprint clearance card and pass an additional federal and state background check.
- **Internship at Open Hearts does not include compensation.**

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Open Hearts Family Wellness (“the Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature

Date

To apply for intern positions, please print, sign, and submit this employment application to Open Hearts Human Resources department to support@openheartsaz.org or fax to 602.792.0435

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Youth Evaluation and Treatment Centers (“the Company”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State/ Number and Expiration

Date of Birth*

Current Address

City, State, and Zip Code

*SSN and DOB will be used for identification purposes and will not be used as selection criteria.

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