DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
CRIME VICTIM AND SEXUAL VIOLENCE CENTER
112 STATE STREET, ROOM 1118
ALBANY, NEW YORK 12207-2077
(518) 447-7100 FAX: (518) 447-7102
24 HOUR SEXUAL ASSAULT HOTLINE: (518) 447-7716
www.albanycounty.com/cvsvc
e-mail: cvsvc@albanycounty.com

KAREN ZIEGLER
DIRECTOR

PREVENTION EDUCATION INTERNSHIP APPLICATION

The following questionnaire is designed to help us determine your qualifications for the prevention education internship position. Once this application is reviewed you will be contacted by a staff member for an in-person interview.

1. NAME: _____
   (Last) (First) (Middle)
2. ADDRESS:

   Permanent: _____

   Temporary: _____
3. TELEPHONE (please list all contact numbers):

   _____ Cell best times to call: _____

   _____ Home best times to call: _____

   _____ Work best times to call: _____
4. E-MAIL(S): _____
5. DATE OF BIRTH: _____
6. EMPLOYER: _____
7. SCHOOL CURRENTLY ATTENDING: _____

   FULL or PART TIME? _____ MAJOR/COURSES: _____
8. ADDITIONAL EDUCATION: _____

   _____

   _____

9. INTERVIEWS ARE SCHEDULED MONDAY TO FRIDAY FROM 8:30AM TO 4:00PM. WHEN IS THE BEST TIME FOR YOU TO SCHEDULE AN INTERVIEW? _____

10. WHEN ARE YOU AVAILABLE TO START TRAINING? _____

11. HOW DID YOU LEARN ABOUT OUR PREVENTION EDUCATION INTERNSHIP PROGRAM?

_____

_____

12. WHY DO YOU WANT TO BE A PREVENTION EDUCATION INTERN AT THE **Crime Victim and Sexual Violence Center**?

_____

_____

_____

13. PLEASE IDENTIFY SKILLS AND LIFE EXPERIENCES YOU FEEL WOULD BE AN ASSET TO THIS AGENCY:

_____

_____

_____

14. WHAT DO YOU HOPE TO GAIN FROM YOUR INTERNSHIP EXPERIENCE WITH THIS AGENCY?

_____

_____

_____

15. HAVE YOU EVER BEEN A VICTIM OF A CRIME? _____ IF YES, PLEASE EXPLAIN _____

_____

_____

16. HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE EXPLAIN _____

_____

_____

17. LIST **2** REFERENCES:

_____ PHONE: _____

_____ PHONE: _____

18. DO YOU HAVE ACCESS TO TRANSPORTATION? _____

19. DO YOU HAVE ACCESS TO A COMPUTER? _____

PLEASE WRITE SOMETHING ABOUT THE PERSON YOU ARE AND WHY YOU FEEL YOU ARE A GOOD FIT FOR THE PREVENTION EDUCATION INTERNSHIP POSITION WITH THE **Crime Victim and Sexual Violence Center**.

HOW CAN THE **Crime Victim and Sexual Violence Center** PREVENTION EDUCATION INTERNSHIP PROGRAM MEET YOUR NEEDS AND GOALS?

WHAT CONCERNS DO YOU HAVE ABOUT BEING A **Crime Victim and Sexual Violence Center** PREVENTION EDUCATION INTERN?

CONTRACT BETWEEN PREVENTION EDUCATION INTERN AND THE CRIME VICTIM AND SEXUAL VIOLENCE CENTER

I, _____ agree to the following conditions required of all interns and volunteers:

a. A minimum commitment of one academic year or ten consecutive months.

b. Commit to a minimum of two, eight hour shifts or a total of sixteen hours per week.

c. Complete the 35 hour online training to be certified as a Rape Crisis Counselor by the NYS Department of Health.

d. No use of drugs or alcohol while on duty.

e. Appropriate appearance and professional demeanor when representing the Crime Victim and Sexual Violence Center.

f. Completion and submission of all department paperwork as required.

g. Adherence to the Center's Confidentiality Policy: *

***PLEDGE OF CONFIDENTIALITY**

In New York State, client records kept by a rape crisis center are considered confidential. All records and communications with clients are privileged information and therefore are to be kept strictly confidential. This information cannot be disclosed to any person except to those employed by the Crime Victim and Sexual Violence Center, or to the Child Abuse Hotline if a child victim has been assaulted by a parent or guardian.

I agree to abide by the **Crime Victim and Sexual Violence Center's** Confidentiality Policy. I understand that all records and communications with clients are privileged information and therefore are to be kept strictly confidential. I also understand that this information cannot be disclosed to any person except to those employed by the **Crime Victim and Sexual Violence Center**, or to the Child Abuse Hotline if a child victim has been assaulted by a parent or guardian. I agree to abide by the policies of the Center, as stated in the **PREVENTION EDUCATION INTERNSHIP JOB DESCRIPTION.**

I recognize that the duties of a volunteer are limited and I agree to remain within those boundaries and refer clients who need additional assistance to Center staff.

Signature _____ Date _____

Albany County does not discriminate on the basis of race, religion, color, national origin, sex, gender, age, gender identity or expression, disability, genetic information, veteran status or marital status in its programs and activities.

revised 1/13/14