

OFFICE USE ONLY

Applicant Name:

Date Received:

Verified By:

Date Entered:

Background Check: SO BC

Internship Area:

Interview Date Set:

Evaluation Date Set:



INTERN Application Packet

Everyone who desires to intern with The Bridge Teen Center must complete this application.

The application is used to help The Bridge Teen Center/The Bridge Thrift Store provide a safe and secure environment for the 7th-12th grade students who participate in our free programs and use our facilities.

All the information provided will be kept CONFIDENTIAL and will be reviewed only by The Bridge staff. This document will be stored in a locked filing cabinet. No one will have access without proper authorization.

This application will be asking some personal and private questions. It is our intention to really find out about the people we are entrusting with minors and to assess that an applicant's values are in line with those of The Bridge Teen Center.

These questions are not designed to pass judgment, but rather to create an environment where a person's past will not hinder The Bridge Teen Center in carrying out its mission in a safe, fun and productive way.

If you are a person who must answer affirmatively to any of the personal questions on the following pages, please be assured that this does not necessarily preclude you from serving as an intern. All applicants will be interviewed by a Bridge staff member.



INTERN APPLICATION PACKET

Email or print/mail application to: 15555 S. 71st Ct. • Orland Park, IL 60462 • volunteer@thebridgeteencenter.org

PERSONAL INFORMATION:

Name

School (if interning for school credit)

Spouse's Name (if applicable)

Date of Birth (Month/Day/Year)

Marital Status: Single Married Divorced Widowed

Gender: Male Female

Home Address

City

State

Zip

Home Phone

Work Phone (do not list if you can't receive calls at work)

Email

Best way to contact you:

Social networks you use (Twitter, Facebook, Linked In, etc.):

INTERN INFORMATION:

How did you hear about The Bridge Teen Center?

Why are you interested in interning with The Bridge Teen Center?

What do you wish to intern for? *(check all that apply)*

Student Programming/Care

Fundraising/Development

Marketing/Public Relations

Graphic Design

Business Administration/Retail

Music/Sound/Recording

Office/Administration Support

Human Resource

Education Support/Tutoring

Fitness

Culinary

Art

Other:

What words describe you or what words would others use to describe you?

Please list any talents, skills, training, gifts or education that might help us place you in an intern position.

Please list (by organization and position held) your previous experience working with students or relevant organizations to your desired role.

If interning for programming, what age group would you prefer working with? 7th-8th Grades 9th-10th Grades 11th-12th Grades Doesn't Matter

INTERN AVAILABILITY:

Semester:	Fall	Winter/ Spring	Summer	Other:			
DAY:	FROM:		TO:		DAY:	FROM:	TO:
Monday					Thursday		
Tuesday					Friday		
Wednesday					Saturday		

Is this a school or graduation requirement? Yes No If yes, how many hours are required?

Do you require verification of hours? Yes No If yes, what person/organization needs verification?

BACKGROUND INFORMATION:

Have you ever been charged, arrested, convicted, or pleaded guilty to a crime? Yes No

Have you ever been alleged, investigated, accused, charged, convicted or have you ever committed any act of neglecting, abusing, molesting, assaulting, or battering any child or adult? Yes No

As an adult, have you had any kind of ongoing relationship with a minor? Yes No

Do you currently use illegal drugs? Yes No

Have you ever been treated for a mental/psychiatric disorder? Yes No

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of The Bridge Teen Center/Thrift Store? Yes No

Has there been any abuse / addiction in your personal background with drugs, alcohol, or any other addiction or abuse that was emotional, physical, or sexual in nature? Yes No

If you answered "yes" to any of the questions above, please explain below.

HEALTH INFORMATION:

It is the responsibility of the participant to disclose all relevant information. Additional information or physician's clearance may be required..

Emergency Contact: _____

_____	_____
Name	Relationship to You
_____	_____
Home Phone	Cell Phone

Check if you have any of the following, and if so, please explain.

- ADHD / ADD
- Allergies
- Asthma
- Communicable Diseases
- Diet or Activity Restrictions
- Medications
- Seizure Disorder Date of last seizure: Seizure Type:
- Diabetes
- Wheelchair User
- Other

Current Employer:

Business/ Organization Name_____
Organization/Company Address_____
Date (s) Employed / of Service_____
Job Title

Previous Employer:

Business/ Organization Name_____
Organization/Company Address_____
Date (s) Employed / of Service_____
Job Title**REFERENCES:***Please list people who are not relatives, have known you for more than a year, have seen you around minors, and have definite knowledge of your character.*

Professional Supervisor: (Former / Current Employer, Volunteer Supervisor, Pastor, School Counselor, Youth Worker, Teacher, etc.)

Name_____
Telephone Number_____
Date (s) Employed / of Service_____
Organization/Company Name and Address

Personal Reference: (Former / Current Employer, Volunteer Supervisor, Pastor, School Counselor, Youth Worker, Teacher, etc.)

Name_____
Telephone Number_____
Relationship to You_____
Organization/Company Name and Address**BRIDGE AGREEMENT:***As an intern at The Bridge Teen Center (BTC), I hereby authorize that:*

1. I shall indemnify and hold harmless the BTC, its officers, employees, and agents against all suits, actions, claims, causes of action, costs, demands, judgments, damages, liens and/or liabilities arising from: a) any noncompliance by intern with applicable federal, state and local laws, ordinances, codes, and regulation; and b) any torts committed by intern in performing intern.
2. The BTC will own all rights, title and interest relating to any and all works of authorship, mask works, designations, designs, know how, ideas, and information made or conceived or reduced to practice, in whole or in part, that relate to the subject matter of, or arise out of, my service.
3. I understand that I may be required to undergo a background check if I request to work with minors, and that I will comply with such request prior to beginning my intern work with the BTC.
4. I authorize the BTC to use video, photographs, motion pictures, electronic images and/or audio recordings in which I appear for public relations and publicity purposes.
5. I understand that falsification or significant omissions of any information may be considered justifications for dismissal if discovered at a later date.

*By signing below, I certify that I have read and understand the restrictions outlined above and that all information provided on this application is accurate.*_____
Printed Applicant Name_____
Date_____
Applicant Signature_____
Printed Maiden Name and/or Any Aliases_____
Social Security Number***Please provide a copy of your driver's license when you submit this application.***

IF you are applying to work with students in any on going capacity during programs or as a mentor, please complete the following pages 4 5.

CODE OF CONDUCT:

PAGE 4

As an intern, you will be expected to follow and help enforce the same code of conduct students are. Please read and sign below in agreement.

At The Bridge Teen Center we want to maintain a safe and fun atmosphere for students based on the following guidelines:

- Be faithful to attend the program you signed up for or contact The Bridge within 48 hours of the event if you need to cancel.
- Remain in the building for the length of the program unless you have communicated with both the Bridge staff and your parent(s).
- Interact and respect others—Bridge staff, interns and other students; listen when others talk.
- Decide to be responsible for your attitude by being open and teachable.
- Go with the flow, honor the Bridge's and other people's space and property. This is an illegal substance and weapon free facility.
- Encourage rather than put down others; use appropriate language.

If students are unable to adhere to the Code of Conduct and have repeated or extreme infractions, the Bridge reserves the right to contact student's guardian/parent(s) and/or the authorities.

Intern Signature _____

Date _____

POLICY FOR REPORTING SUSPICION OF CHILD ABUSE/NEGLECT:

Please read and sign affirming you understand what is required of you in regards to reporting suspicion of child abuse/neglect.

In the interest of establishing a common understanding of the fundamental issues of this subject, following are the definitions of terms as outlined in the State of Illinois Abused and Neglected Child Reporting Act of June 26, 1975 and as amended May 9, 2002.

325 ILCS 5/3

As used in this Act unless the context otherwise requires: "Child" means any person under the age of 18 years, unless legally emancipated by reason of marriage or entry into a branch of the United States armed services. "Abused child" means a child whose parent or immediate family member, or any person responsible for the child's welfare, or any individual residing in the same home as the child, or a paramour of the child's parent:

- (a) inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;
- (b) creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;
- (c) commits or allows to be committed any sex offense against such child, as such sex offenses are defined in the Criminal Code of 1961, as amended, and extending those definitions of sex offenses to include children under 18 years of age;
- (d) commits or allows to be committed an act or acts of torture upon such child;
- (e) inflicts excessive corporal punishment;
- (f) commits or allows to be committed the offense of female genital mutilation, as defined in Section 12-34 of the Criminal Code of 1961, against the child; or
- (g) causes to be sold, transferred, distributed, or given to such child under 18 years of age, a controlled substance as defined in Section 102 of the Illinois Controlled Substances Act in violation of Article IV of the Illinois Controlled Substances Act or in violation of the Methamphetamine Control and Community Protection Act, except for controlled substances that are prescribed in accordance with Article III of the Illinois Controlled Substances Act and are dispensed to such child in a manner that substantially complies with the prescription.

A child shall not be considered abused for the sole reason that the child has been relinquished in accordance with the Abandoned Newborn Infant Protection Act.

"Neglected child" means any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care not provided solely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise is not receiving the proper or necessary support or medical or other remedial care recognized under State law as necessary for a child's well-being, or other care necessary for his or her well-being, including adequate food, clothing and shelter; or who is abandoned by his or her parents or other person responsible for the child's welfare without a proper plan of care; or who has been provided with interim crisis intervention services under Section 3-5 of the Juvenile Court Act of 1987 and whose parent, guardian, or custodian refuses to permit the child to return home and no other living arrangement agreeable to the parent, guardian, or custodian can be made, and the parent, guardian, or custodian has not made any other appropriate living arrangement for the child; or who is a newborn infant whose blood, urine, or meconium contains any amount of a controlled substance as defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act or a metabolite thereof, with the exception of a controlled substance or metabolite thereof whose presence in the newborn infant is the result of medical treatment administered to the mother or the newborn infant. A child shall not be considered neglected for the sole reason that the child's parent or other person responsible for his or her welfare has left the child in the care of an adult relative for any period of time. A child shall not be considered neglected for the sole reason that the child has been relinquished in accordance with the Abandoned Newborn Infant Protection Act. A child shall not be considered neglected or abused for the sole reason that such child's parent or other person responsible for his or her welfare depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care as provided under Section 4 of this Act. A child shall not be considered neglected or abused solely because the child is not attending school in accordance with the requirements of Article 26 of The School Code, as amended. "Person responsible for the child's welfare" means the child's parent; guardian; foster parent; relative caregiver; any person responsible for the child's welfare in a public or private residential agency or institution; any person responsible for the child's welfare within a public or private profit or not for profit child care facility; or any other person responsible for the child's welfare at the time of the alleged abuse or neglect, or any person who came to know the child through an official capacity or position of trust, including but not limited to health care professionals, educational personnel, recreational supervisors, members of the clergy, and volunteers or support personnel in any setting where children may be subject to abuse or neglect.

Requirements for Reporting:

A report is required by The Bridge Teen Center to the child abuse hotline (1-800-25ABUSE or 1-800-254-2873) if the suspected abuse victim is under 18 years of age. A victim 18 years of age or older, who suffered sexual abuse as a minor, can (and should be encouraged to) file a police report for prosecution under varying time restrictions according to Illinois law; however, The Bridge Teen Center is not required to report such cases when the disclosure is made.

Reporting Procedure:

In keeping with the definitions all suspicious or disclosed cases of abuse/neglect of a minor are to immediately be reported by the volunteer to a Bridge Staff Member. We DO NOT INVESTIGATE the allegations—that is the responsibility of DCFS.

1. Procedure for handling disclosure of suspected abuse:
 - a. Remain calm.
 - b. Make no judgments, agreements or promises with the student.
 - c. Immediately escort the minor to a Bridge staff person assuring him/her that he/she has done the right thing, and that you will stay with him/her. If disclosure was made when a Bridge staff person was not available, contact one of the Bridge staff to lead you and the child through the correct procedures. There should be two adults listening to any disclosure.
 - d. Always believe the child. Listen, but do NOT question the student. Remember all of this is confidential information and should not be repeated to anyone included a spouse.
2. DCFS will be called by the Bridge staff. In order to make the report, he/she will need the information on the Abuse Report Form. You will be assisted in completing the form.
3. The Bridge staff person along with you will contact the parent(s) as long as he/she is not the suspected abuser(s). If the allegations are pointed at and immediate family member skip to step 4.
 - a. Explain the situation and that DCFS has already been notified.
 - b. Offer the support of The Bridge, possibly local services in the community, and yourself, if you are available, through the healing process.
4. After contacting DCFS, the staff will inform the Bridge director, and if necessary, the police can be called to take protective custody of the minor.
5. Follow up with the minor will be the responsibility of Bridge staff. Services provided to the victim will be determined on an individual basis.
6. If the alleged abuser is a member or volunteer of The Bridge Teen Center, the individual will be notified by the Bridge staff and removed from service for at least the length of the official investigation.

 Intern Signature

 Date
FAITH-BASED INFORMATION:

Because we are a faith-based organization, we are interested in your faith background, please be assured that this does not affect your eligibility to intern.

Do you attend a religious/faith organization (i.e. church, synagogue, mosque, etc.)? Yes No

If so, what is the name of the organization?

How often do you attend? Weekly Monthly Occasionally

Are you a member? Yes No If yes, for how long?:

In what areas are you currently participating and/or serving at church (small groups, Sunday school, youth group, etc.)?

No matter our spiritual/faith background or beliefs we are all still in the process of investigation and growth, we all have a spiritual history. Please take a moment to describe your spiritual journey thus far. Enter your response in the box below.