



Dear Prospective intern,

Thank you for your interest in interning with the Children's Advocacy Center Serving Bastrop, Lee and Fayette. Interns provide the vital support needed for the Center's successful operation and we offer a variety of opportunities

By filling out the attached intern application, you are one step closer to becoming part of a supportive process for young victims of abuse.

Here are a couple of requirements to consider about our programs when applying:

#### **Therapy Internship**

1. We require a 2-semester commitment.
2. We require all intern to participate in at least one of our evening groups scheduled on Monday and Thursday

#### **Family Advocate Internship**

1. We require a minimum of 12 hours weekly to be completed in shifts. Shifts are 8:30 am to 1:00pm, 12:30pm-5:00pm or a full day)
2. We require all intern to participate in at least one of our evening groups scheduled on Monday and Thursday

\*Summer interns are required to participate in our family camp.

Please feel free to reach out for program specific requirements, as we strive to remain flexible to our student's needs.

**When filling out the application please remember to print clearly, answer all questions and complete all pages, as incomplete applications will not be reviewed. Once complete, please email your application and a copy of your resume to [sarah.moreno@cacbastrop.org](mailto:sarah.moreno@cacbastrop.org)**

After completing and submitting your intern application, the following steps will need to be taken before you are matched with a position:

1. Complete intern application
2. Have two individuals complete and submit a Internship Program Applicant Reference Evaluation Form on your behalf to the mentioned email
3. Schedule Interview.
4. Conditional Acceptance based on criminal background check.
5. Attend our required CAC 101 training and other program specific training

If you have any questions or would like additional information, please contact me by phone at 512-321-6161 ext. 212 or by email at [sarah.moreno@cacbastrop.org](mailto:sarah.moreno@cacbastrop.org).

Again, thank you for your support. We hope to see you around the Center soon!



Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_

Current Academic Level/ Expected Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

What CAC internship are you applying for:

\_\_\_\_\_  
 \_\_\_\_\_

What therapeutic Modality do you base your theoretical framework from?

\_\_\_\_\_  
 \_\_\_\_\_

Please list your expectations from an internship position with the Center:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please Indicate when you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
(8:30-12:30) AM					
(12:30-5:00) PM					
Evening Group					

How did you learn about our volunteer program?

Class Presentation

Professor:

Flyer

Volunteer Fair

Volunteer Center

Internet site



Friend/Volunteer

Other

**Other Languages** (Please note the level of knowledge such as Beginners, conversational (moderate) or fluent)

Language	Speak	Writing	Reading

Are you volunteering as a class credit? Yes      No      Name of Class/Instructor?

Are you currently employed? Yes      No      Current Place of Employment

Do you have experience with children? List ages and Types of activities:

In what capacity have you worked with children? Please Explain

Do you have any experience with: (please explain)?

Child Abuse?      Yes      No

Foster Case?      Yes      No

Child Welfare?      Yes      No

Criminal, Juvenile, or Family Court System?      Yes      No

Other Child Service Agencies?      Yes      No

Diverse Populations?      Yes      No

Do you have a Police record?      Yes      No

If yes, please explain

Do you have any current issues related to drugs, alcohol, stress or mental health that may pose a risk for you and/or the families we serve?      Yes      No



### WORKING WITH TRAUMA

Work with Children can be active and stressful. Child abuse and child sexual abuse, in particular, often causes stress and emotional turmoil for professionals, interns and volunteers.

Are there reasons and/or history that may cause interning to be particularly stressful or harmful to you?

Yes                      No    If yes, please explain \_\_\_\_\_

Do you have any limitations that may pose a risk for you or a center client that may need accommodations by the CAC?    Yes,                      No    If "Yes, please explain \_\_\_\_\_

Please describe any previous experience, particularly in working with children and families. \_\_\_\_\_

Present memberships in clubs or organizations, including any office or responsibility: \_\_\_\_\_

What would you like to gain from the Internship experience? \_\_\_\_\_

What do you feel are your strengths and opportunities for growth? \_\_\_\_\_

What is your interest, community activities, and hobbies? \_\_\_\_\_



List any special skills that you feel might be an asset to the CAC.

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Have you ever been prohibited, reassigned, or asked to leave any position, whether as a volunteer, employee or intern with an organization or agency involving contact with children?    Yes,        No

If yes, please explain (including organization and date):

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### **CIVIL/ CRIMINAL OFFENSE INFORMATION**

The Children's Advocacy Center serving Bastrop, Lee, Fayette works in conjunction with law enforcement and state and county agencies involved in the criminal justice system process.

I have  have not  been convicted of a felony or a misdemeanor.

If you answer is affirmative, give details, including date, place, nature or conviction, and disposition.

I have  have not  been charged with a felony or misdemeanor.

If you answer affirmative, give details, including date, place, and type of charges.

I have  have not  pled to a lesser offense.

If you answer is affirmative, give details, including date, place, and type of charges.

I have  have not  currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor.

If you answer is affirmative, please give details, including the type of charge.

I have  have not  ever been prohibited from serving in capacity as an employee or volunteer with any organization or agency working with children.

If you answer is affirmative, please give details, including the date, address and phone number of the organization.

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

I have read this form in its entirety and understand that the information may be verified by the Children's Advocacy Center Serving Bastrop, Lee and Fayette and that the inclusion and/or admission of any false information or the omission of any requested information is cause for my immediate dismissal from placement with this agency. I agree to inform the Children's Advocacy Center if the information changes any time during my participation at the Children's Advocacy Center.



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CHILDREN'S ADVOCACY CENTER SERVING BASTROP, LEE, AND FAYETTE BACKGROUND CHECKS

• The Children's Advocacy center serving Bastrop, Lee and Fayette will complete records checks with all available resources including, but not limited to, the Austin Police Department, the Department of Public Safety, Travis County Sheriff's Department, and the Texas Health and Human Services on all potential staff and volunteers. Background checks utilize state and nationwide records, reviewing criminal, sex offender, and child abuse history. It is the mission and responsibility of the Children's Advocacy Center serving Bastrop, Lee and Fayette to help victims of child abuse and their families recover from the abuse. Because of the nature of the injuries sustained by the children and families that come to the Center for help, the Center reserves the right to decline any applicant based upon the results of the records checks and or interviews with Center personnel.

• The Center does not accept applicants that have investigations, prior charges, convictions, or pending charges for felony or misdemeanor acts involving sexual offenses, violence, child abuse/neglect, crimes against persons, or other acts that may pose a risk to children. It is extremely important that you disclose any offense so that we can make good decisions for our clients. Issues and prior citations sometimes appear in your records even though you may believe the issues and/or violations to be resolved.

• Investigation into background is not limited to convictions.

• Omission of all civil or criminal involvement is cause for immediate dismissal from employment, volunteer, or academic placement with this agency.

• The Center may review all previous, current, and subsequent information related to my application and may unconditionally accept or reject my application for services.

• The Center does re-screening of background checks every three years.

• Interns must contact their supervisor immediately if they become involved in any criminal or civil court proceeding (i.e., custody, arrests, child abuse allegations, etc.) during their placement.

• Employees must contact their supervisor immediately if they become involved in any criminal or civil court proceeding (i.e., custody, arrests, child abuse allegations, etc.) during their placement. I have read and understand these policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### REFERENCES

I UNDERSTAND THAT THE CHILDREN'S ADVOCACY CENTER SERVING BASTROP, LEE AND FAYETTE WILL VERIFY AND CAN AT ANY POINT CONTACT MY REFERENCES TO OBTAIN INFORMATION REGARDING MY SUITABILITY TO WORK WITH CHILDREN AND FAMILIES. ALL OF THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO TAKE ANY REQUIRED ORIENTATION OR TRAINING NECESSARY FOR THE VOLUNTEER POSITION(S) THAT I HIGHLIGHTED ON MY APPLICATION. I UNDERSTAND THAT CRIMINAL HISTORY RECORDS INFORMATION AND A TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES CENTRAL REGISTRY CHECK WILL BE COMPLETED. I UNDERSTAND THAT I WILL BE UNABLE TO VOLUNTEER INTERN UNTIL THE CHECK HAS BEEN COMPLETED.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Internship Program Applicant Reference Evaluation form**

Name of Applicant: \_\_\_\_\_

The above named person has applied to the internship program at the Children’s Advocacy Center serving Bastrop, Lee and Fayette counties and has asked that you supply the information requested below

1. Your personal knowledge of the applicant:

- I have \_\_\_\_\_ Served as the Applicant’s Professor
- \_\_\_\_\_ Supervised the applicant as an Employee
- \_\_\_\_\_ Worked with the applicant as a Colleague
- \_\_\_\_\_ Known the Applicant only as a friend
- \_\_\_\_\_ Other (Please specify): \_\_\_\_\_

<b>2. Academic Potential</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Unknown</b>
Ability in written Expression				
Ability in Oral Expression				
Overall Intellectual Capacity				
Initiative				
Perseverance				
Conscientiousness				
<b>3. Professional Potential</b>				
Professional Competence				
Professional Attitude				
Professional Appearance				
Adherence to ethical behavior				
<b>4. Social skills Potential</b>				
Commitment to other’s Welfare				
Understanding of other’s verbal & nonverbal communication				
Respect for others’ individually/uniqueness				
Respect for other’s freedom of choice				
Belief in others’ positive potential				
Self-awareness				
Appropriate self-control				

4.Social Skills Potential (cont.)	Excellent	Good	Fair	Unknown
Integrity				
Understands Others' perceptions & Actions				
Interpersonal genuineness				
Promotes own Physical and mental health				
High stress/frustration tolerance				
Works collaboratively with others				
Adaptability				
Commitment to self-improvement				
Enthusiasm				
Appropriate self-confidence				
Openness to constructive feedback				

5. This applicant is fluent in (check all that apply):  
 English  
 A language other than English (please indicate) \_\_\_\_\_

6. In terms of professional potential, I would rate the applicant as:  
 An outstanding candidate for an internship program  
 A good prospect for an internship program  
 An average prospect for an internship program  
 A weak prospect for an internship program

7. Clarification (optional) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name typed or printed: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Position or title: \_\_\_\_\_

**Please scan and email the filled form to the CAC at [sarah.moreno@cacbastrop.org](mailto:sarah.moreno@cacbastrop.org) with the applicant's first and last name in the subject line.**



