betty hardwick center

## Intern/Clinical Supervision Application

### Contact Information

| | |
|---|---|
| Name (Full Legal Name) | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |
| Social Security # | |
| Date of Birth | |

### Purpose of Internship/Clinical Supervision

University/College Attending _____

Degree Working Toward _____

Number of Total Hours Required For Internship _____

Do you require a Licensed Clinical Supervisor? ___Yes ___No If yes, what credential?_____

Do you have a supervisor/unit in mind? _____

What kinds of activities/work do you need to fulfill the course requirements for this internship?

### Availability

During which hours are you available for intern assignments?

___ Weekday mornings ___ Weekend mornings
___ Weekday afternoons ___ Weekend afternoons
___ Weekday evenings ___ Weekend evenings

What date are you available to start? _____
When must you be finished with your hours? _____

## Interests

Tell us in which areas you are interested in interning

___ Administration

___ Children's Mental Health

___ Adult Mental Health

___ Children with Intellectual Developmental Disabilities

___ Adults with Intellectual Developmental Disabilities

___ Early Childhood Intervention

___ Other – Please specify -

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Person to Notify in Case of Emergency

| | |
|---|---|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

## Professor/Teacher Providing Course Oversight

| | |
|---|---|
| Name | |

| | |
|---|---|
| Title | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|---|---|
| Name (printed) | |
| Signature | |
| Date | |

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I understand that the internship with Betty Hardwick Center will be contingent upon acceptable driving record, background check, and drug screen. If any of these are considered to be unacceptable – or if any misstatements are found in my application – I understand that an internship may be withdrawn or terminated.

Thank you for completing this application form and for your interest in interning with us.

## Approval and Assignment

This application ____ is _____ is not approved for dates requested. JOB DESCRIPTION MUST BE ON FILE IN HR PRIOR TO START DATE ALONG WITH TRAINING RECORD INDICATING REQUIRED COURSES.

Clinical/Administrative supervisor will be Starla Cason Work to be performed will be inC&A with Lindsey Wilson.

_____ _____

Clinical/Administrative Supervisor Date

_____ _____

Division Chief Date

_____ _____

Human Resources Date

_____ _____

Chief Executive Officer Date

**THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.**
Agency to retain this CCH Verification Form for DPS auditing purposes.

# DPS Computerized Criminal History (CCH) Verification Form

**Section 1:** Applicant must acknowledge the information in Section 1. Signature & date required.

| Applicant Name (Print): |
|---|

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method.

**Optional Only**: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the Crime Records General Information | DPS (texas.gov) *Review of Personal Criminal History* or call the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

| Applicant Signature: | Date: |
|---|---|
| Sign and date to acknowledge the statement above. | |

**Section 2:** Agency use only. Must be completed by authorized personnel conducting search.

| Agency Name: | **Betty Hardwick Center** |
|---|---|
| Authorized Searcher: | |
| Signature of Authorized Searcher: | |
| Date of Search: | |

**Section 3:** Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

| | |
|---|---|
| Purpose for CHRI Search. | ☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other: |
| Is any part of CHRI stored by agency? | **Reminder: DPS does not recommend storing any part of CHRI.** ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency. |
| CHRI Retention Period | ☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other: |
| CHRI Storage Method | ☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer) |
| CHRI Retention Purpose | Explain: |
| Date CHRI Destroyed | **Reminder: CHRI must be destroyed after authorized purpose has ended.** |
| Destruction Method | Explain: |

CHRI + Audit Resources (CJIS Launch Pad) link