



MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES

MANY CULTURES, ONE COMMUNITY

309 Genesee Street
Utica, New York 13501

Office: 315.738.1083
Fax: 315.738.1168
www.mvrccr.org

Internship Application

Date: ___/___/___

***INCLUSION OF A DETAILED RESUME IS ENCOURAGED**

The following information will be regarded as strictly confidential

In order to prevent delay in processing your file, be sure to complete all of the information requested.

Applicant Information

Name	_____				
	(First)	(Middle)	(Last)		
Home Address	_____				
	(Street)	(Apt.#)	(City)	(State)	(Zip)
	How long have you lived at this address? _____				
Phone	Home: - - -	Work: - - -	Cell: - - -		
e-mail	Do you have email : <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail address :		
Other	Date of Birth : ___/___/___		Social Security Number : _____		
				(optional)	
	Emergency Contact Person :		Phone : - - -		

Employment History

Employer	Location	Position	Dates

Educational History

School	Field of Study	Degree	Date

Volunteer/Internship Experience

Organization	Position	Duties	Dates

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Qualifications/Skills:

Please list any specific qualifications/skills you have which would be of value to this program:

Specific Interests (if known):

(Please refer to the Current Volunteer Opportunities spreadsheet for a description of some Volunteer Opportunities Currently Available)
You may also describe an Interest that you do not see listed, and we will do our best to help make it happen!

Have you ever been convicted of a crime: Yes No
(note: a conviction does not necessarily bar you from acceptance to this program)

If yes, please explain:

Availability/Schedule:

Daily Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM (list times)							
PM (list times)							

Maximum Overall Availability _____ hours/week -OR- _____ hours/month

Dates of Availability: I will be available as of _____ until _____
(date) (date)

References

Please list three references (e.g. supervisors, professors, mentors, etc. Do not list relatives)	
1. Name :	Relationship :
Address :	Phone :
2. Name :	Relationship :
Address :	Phone :
3. Name :	Relationship :
Address :	Phone :

I understand that by submitting this application, I authorize a criminal records and a child abuse state central registry check to be made concerning my suitability as a staff person. In addition, the information in this application and otherwise obtained will be used only for the purpose of determining my eligibility as a staff person. All information will be held in confidence. Criteria used in the selection of staff will be such as to insure that the individual is able to meet the responsibilities of the MVRRCR Volunteer Program. No individual will be rejected on the basis of race, color, religious creed, national origin, sex, age or marital status.

I hereby attest that all information given in this application is true to the best of my knowledge
Date: ___/___/___ Applicant's signature: _____

Please Return to: MVRRCR Volunteer Program
309 Genesee Street (Park Avenue Entrance)
Utica, NY 13501

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Confidentiality Policy

Refugees are people who have endured the loss of their homeland, way of life and dignity. They may have suffered great tragedies with their families and been victims of persecution and torture. They have come to this country to rebuild their lives in keeping with their culture and individual nature. They have a right to recover their privacy and to determine when and how their stories might be shared with others.

Interns who work with the refugee program agree to:

1. Respect the privacy of the refugees with whom you are matched. They may not want the stories they share with you to be shared with others. Ask them what you may tell others and what they consider to be private information.
2. Safeguard the confidentiality of the refugees by not making their names, stories and personal circumstances public in any fashion without their consent. This includes the use of photographs and information in news stories for church bulletins, corporate newsletters and local newspapers. Many refugees are happy to share their story in the media. But be sure to ask them first.
3. Hold in strict confidence any information of a sensitive nature shared by the case manager.

I have read these policies and understand the refugees' right to privacy and confidentiality. I will fully abide by these policies.

Intern (Signature)

Date

Agency Representative (Signature)

Date

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Agency-Intern Agreement

This agreement will serve to clarify the involvement of the Intern in the refugee program. We hope that you have a wonderful experience working with us. Please let us know if anything changes from this agreement.

Name of Intern _____

I agree to:

1. Perform my duties as specified in the job description to the best of my ability.
2. Respect the culture and the integrity of the refugees with whom I will work.
3. Adhere to the ethic of confidentiality to protect the refugee clients and to adhere to agency policies and procedures as outlined in the information given to me.
4. Meet time commitments or to make alternative arrangements as needed.
5. Fulfill the following time commitment: _____

Agency

We agree to:

1. Provide accurate and timely information for this position.
2. Ensure proper supervision for the Intern and to answer any questions he/she might have in the course of Interning.
3. Be receptive to any comments or suggestions from the Intern about ways to improve service to refugees.
4. Treat the Intern as an equal partner in accomplishing the task of refugee resettlement.

Intern (Signature)

Agency Representative (Signature)

Date

Date

This agreement can be cancelled at any time at the discretion of either party, but will automatically terminate on _____ (date) unless other notice is given.

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