



CATHOLIC CHARITIES MAINE  
INTERNSHIP APPLICATION FORM

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s) Home:	Cell:		

Contact in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Educational Background:**

Semester Internship Needed:  Spring \_\_\_\_\_  Fall \_\_\_\_\_  Other \_\_\_\_\_

School Internship is for: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Degree working towards:  Bachelors  Masters  PHD

Level of Supervision needed: \_\_\_\_\_

**Preferences in Internship:**

Is there a person our group with whom you are particularly interested in working? (Check all that apply)

No Preference  Adults  Seniors  Teens  Children

People with Disabilities  Agency Staff  Males  Females

Other: \_\_\_\_\_

Are there any groups with which you would not feel comfortable working?

No  Yes (Please Explain): \_\_\_\_\_

**Availability**

At what times are you interested in volunteering?

I Am Flexible  Prefer weekdays  Prefer Evenings  Prefer weekends

Prefer days  Other \_\_\_\_\_

Do you have geographic preferences as to where you do volunteer work?

No  Yes: \_\_\_\_\_

Do you have access to an automobile you can use for volunteer work?

Yes  No  Other Transportation: \_\_\_\_\_

## Background Verification

Have you even been convicted of a criminal offense?

Yes       No

Have you ever been convicted of neglect, abuse or assault?

Yes       No

Has your Driver's License ever been suspended or revoked in any State?

Yes       No

Do you use illegal drugs?

Yes       No

Are there any kinds of volunteer work you are interested in, but are not able to physically perform?

Yes       No

How did you hear about us?

Website       Referral       News paper       Other: \_\_\_\_\_

Please list three non-family references whom we may contact:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give Catholic Charities Maine permission to contact the above given references for the purpose of obtaining information about the suitability of my being a volunteer for the agency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

For those under the age of 18, parental or guardian permission is required. References for those under 18 must be adults who have known them at least a year.

I, as the parent or guardian of the above minor, give permission for him/her to be a volunteer for Catholic Charities Maine.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR VOLUNTEER SERVICES BACKGROUND CHECK, INCLUDING CONSUMER REPORTS**

I understand that (a) in evaluating my application for volunteer services, and (b) thereafter, as a condition of volunteering, CATHOLIC CHARITIES MAINE, in its sole discretion, may from time to time procure or have prepared consumer reports about me, including, but not limited to, driving record reports and background checks with the Maine Department of Human Services. I consent to and hereby authorize the Agency to obtain consumer reports.

I also authorize CATHOLIC CHARITIES MAINE to procure an investigative consumer report, such as, but not limited to, a review of court records about me prepared by a private investigator, in connection with my application for volunteer services and from time to time thereafter in connection with my volunteering. I understand that this report may contain information about my background, character, general reputation, mode of living, credit worthiness and volunteer services. I also understand that, upon written request and within five (5) days after receipt of my request, I am entitled to complete and accurate disclosure concerning the nature and scope of this investigation.

In the event I am offered a volunteer position prior to the completion of the aforementioned reports, I realize that continued volunteering is contingent upon favorable results of such reports. Should unfavorable information be developed, I realize my volunteer service is subject to termination.

I authorize all persons, schools, companies, corporations, law enforcement agencies and other government agencies to release information to CATHOLIC CHARITIES MAINE and to any investigator or agent hired by them, without restriction or qualification. This authorization includes, but is not limited to, matters of opinion relating to character, ability, reputation and past performance.

I acknowledge receipt of a copy of the Notice of Consumer Report for Volunteer Purposes attached Exhibit A.

Name	SS#
Current Address	
Driver's License #	State
Signature	Date

List addresses in states in which you have previously lived in for the last ten years:

Address	City	State	Zip	How Long

## **Notice of Consumer Report for Internship Purposes**

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Notice: Catholic Charities Maine will obtain a consumer report in connection with your Internship application. If you are chosen to be an Intern Catholic Charities Maine will obtain consumer reports about you from time to time in connection with your Internship.

PLEASE NOTE: Catholic Charities Maine only requests the following information:

- Maine Driving and Accident Record
- Department of Human Services (DHS)
- Sex Offender Registry
- State Bureau of Investigation
- Medicaid (if applicable)

**WE DO NOT REQUEST CREDIT REPORTS.**

**Catholic Charities Maine will pay any fees to process these background checks.**

Human Resources Director  
Catholic Charities Maine



**(Program)**

### **Confidentiality Policy**

In keeping with Catholic Charities Maine's fundamental belief in the dignity of every individual, all interns shall maintain discretion concerning all confidential matters of which they are aware.

Interns shall respect the rights of all clients, staff, and community providers by maintaining a level of professional confidentiality. Interns are required to keep program issues, concerns, and observations in the program. This expectation is extended to casual contacts, interviews, and written papers.

Violating this policy and releasing confidential information could result in the immediate dismissal of a person from a Catholic Charities Maine internship position.

By signing this form, I acknowledge its message and agree to the terms of this policy.

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Signature of Intern

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Date



## CATHOLIC CHARITIES MAINE INTERNSHIP AGREEMENT

By signing this agreement, you agree to:

- Maintain high ethical standards and appropriate behavior.
- Be a team player and communicate regularly with your supervisor and program staff.
- Report suspected abuse or neglect to your supervisor.
- Respect client, volunteer, staff, program and agency confidentiality.
- Give permission to check your references.
- Complete orientation and training as required for your internship service.
- Keep required records of your internship time.
- Complete an "Exit Survey" upon completion of your internship time with the program.

By signing this agreement, you do not agree to assume any financial or legal responsibilities. You do not agree to be unconditionally available or to be the solver of all problems.

"I, \_\_\_\_\_, understand that by signing below, I agree to meet the expectations outlined above and to abide by the policies of Catholic Charities Maine and \_\_\_\_\_."

(Program)

\_\_\_\_\_  
(Intern)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor)

\_\_\_\_\_  
(Date)

## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act ("FCRA") is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" ("CRA"). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1861u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the date - of any error). The CRA must give you a written report of the investigation, and a copy of your report, if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently reviewed your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violated the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA.

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally-chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Revised 11/4/05 Lois Grant