



**THE BOYS AND GIRLS HOMES OF NORTH CAROLINA, INC**  
**Intern Application**

FULL NAME (Last, First, Middle Initial)	
ADDRESS	
CITY, STATE, & ZIP	
E-MAIL ADDRESS	
PHONE NUMBER(S)	

School: \_\_\_\_\_ Program: \_\_\_\_\_

Date(s) of Internship: \_\_\_\_\_ to \_\_\_\_\_

PLEASE CIRCLE OR WRITE IN THE APPROPRIATE ANSWER.

Have you ever been convicted of a crime? <u>Please provide date and description of the incident.</u>	YES	NO
List number of months/years employed in the helping profession:		
List number of months/years volunteering in the helping profession:		

**INTERN APPLICATION: AREAS OF INTEREST**

**\* AREAS OF INTEREST**

**PLEASE CHECK TOP 5 AREAS OF INTEREST**

<ul style="list-style-type: none"> <li><input type="checkbox"/> Abuse and Neglect</li> <li><input type="checkbox"/> Adoption</li> <li><input type="checkbox"/> Advocacy</li> <li><input type="checkbox"/> Alcohol &amp; Chemical Dependency</li> <li><input type="checkbox"/> Child Welfare</li> <li><input type="checkbox"/> Community Development/Organizing</li> <li><input type="checkbox"/> Crisis Intervention</li> <li><input type="checkbox"/> Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Family Relationships/Treatment</li> <li><input type="checkbox"/> Foster Care</li> <li><input type="checkbox"/> Gay &amp; Lesbian Issues</li> <li><input type="checkbox"/> Health Care</li> <li><input type="checkbox"/> Infant Mental Health</li> <li><input type="checkbox"/> Immigration/Refugee Issues</li> <li><input type="checkbox"/> Juvenile Delinquency</li> <li><input type="checkbox"/> Learning Disorders</li> <li><input type="checkbox"/> Legal Issues/Systems</li> <li><input type="checkbox"/> Legislative Issues</li> <li><input type="checkbox"/> Maternal &amp; Child Health</li> <li><input type="checkbox"/> Mental Health/Illness/Dual Diagnosis</li> <li><input type="checkbox"/> Oppression &amp; Injustice</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parenting</li> <li><input type="checkbox"/> Parole/Probation</li> <li><input type="checkbox"/> Poverty</li> <li><input type="checkbox"/> Pregnancy</li> <li><input type="checkbox"/> Protective Services</li> <li><input type="checkbox"/> Psychiatric Disorders</li> <li><input type="checkbox"/> Public Welfare</li> <li><input type="checkbox"/> School Social Work</li> <li><input type="checkbox"/> Social Justice</li> <li><input type="checkbox"/> Suicide Prevention</li> <li><input type="checkbox"/> Teen Pregnancy/Parenting</li> <li><input type="checkbox"/> Victims of Crime/Violence</li> <li><input type="checkbox"/> OTHER</li> </ul>
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**\* POPULATION PREFERENCE**

PLEASE CHECK TOP FIVE PREFERENCES

<input type="checkbox"/> Children	<input type="checkbox"/> Families	<input type="checkbox"/> Boys
<input type="checkbox"/> Adolescents	<input type="checkbox"/> Groups	<input type="checkbox"/> Girls
<input type="checkbox"/> Communities	<input type="checkbox"/> Individuals	<input type="checkbox"/> Organizations
<input type="checkbox"/> Couples	<input type="checkbox"/> Adults/EAP	<input type="checkbox"/> No preference

**\* PRACTICE/SKILL AREAS**

PLEASE CHECK TOP FIVE PRACTICE AREAS

<input type="checkbox"/> Assessment & Evaluation	<input type="checkbox"/> Discharge Planning	<input type="checkbox"/> Policy Analysis & Development
<input type="checkbox"/> Case Management	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Prevention Work
<input type="checkbox"/> Community Development	<input type="checkbox"/> Group/Family/Individual Treatment	<input type="checkbox"/> Program Development
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Needs Assessment	<input type="checkbox"/> Report Writing/Recording
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Planning/Evaluation	<input type="checkbox"/> Program Administration
		<input type="checkbox"/> Other (Specify)

Please rate yourself in the following areas at this point in your education.  
 This rating will help your field instructor in developing your learning experiences.

**NOTE:** A rating of **1** indicates a desire for learning and improvement  
 A rating of **10** indicates a highly established degree of comfort and skill

<b>ABILITY TO:</b>	1	2	3	4	5	6	7	8	9	10
• Engage in a helping relationship										
• Listen effectively and empathetically										
• Work as a member of a team/collaborate										
• Complete work in a timely fashion										
• Work with individuals										
• Work with groups										
• Exhibit appropriate verbal skills										
• Exhibit professional writing skills (reports/client recording)										
• Confront appropriately										
• Demonstrate self-awareness										
• Solicit, receive and accept constructive feedback										
• Set appropriate professional boundaries										
• Interpret NASW Code of Ethics										
• Apply concepts of client self-determination										
• Recognize when being judgmental										
• Apply conflict resolution skills										
• Multi-task										
• Manage time effectively										
• Interview										
• Effectively process and interpret information										
• Elicit the chief concern/complaint										
• Assess multiple causes of a problem										
• Identify staff development and training needs										
• Recognize the culture of an organization										
• Complete a problem-focused assessment										
• Work with an interdisciplinary team										
• Assess social functioning										
• Convey behavioral observations										
• Assess affective/emotional responses										
• Evaluate activities of daily living										
• Conduct a mental status exam										
• Recognize the informal aspects of an organization										
• Problem solve										
• Write clear and concise goals and objectives										
• Facilitate a task group meeting										
• Complete a concise and thorough treatment plan										
• Identify and apply interventions appropriately										
• Handle crisis situations										
<b>ABILITY TO:</b>										
▪ Identify and use community resources										
▪ Understand and apply human developmental stages/concepts										
▪ Integrate classroom knowledge with practice										
▪ Understand diagnoses										
▪ Understand medications – medical										
▪ Understand medications – psychiatric										
▪ Complete a policy analysis										
▪ Complete a program evaluation										
▪ Conduct a staff training session										
▪ Recognize and work with diverse groups										
▪ Take appropriate risks										

**INTERN APPLICATION: SELF-RATING SCALE**



### Intern Agreement

I affirm that I am a student at (PUT IN NAME OF UNIVERSITY OR COLLEGE) :

\_\_\_\_\_

I understand and agree that while I am interning, I am *NOT* covered by workman’s compensation for any accident/injury that may occur during my internship. I understand that I, or my medical insurance plan, are responsible for all expenses incurred while I am working in my internship and that The Boys and Girls Homes of North Carolina, Inc. assumes no responsibility or liability for any injury I might sustain and I specifically release The Boys and Girls Homes of North Carolina, Inc., its departments, directors, and staff from any such responsibility or liability.

I affirm that I will purchase and maintain Malpractice Liability Insurance while engaged in practice at The Boys and Girls Homes of North Carolina, Inc. I will maintain \$1,000,000/\$3,000,000 liability coverage at my own expense. The Boys and Girls Homes of North Carolina, Inc. will bear no financial obligation with the provision of Malpractice Liability Coverage.

I hereby give my permission to The Boys and Girls Homes of North Carolina, Inc., to contact my school to discuss my internship. My signature on this agreement indicates that I have read and understand this agreement and represents that I meet all criteria listed above.

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE