THE CENTER
FOR HEALTH CARE SERVICES
Mental Health & Substance Abuse Solutions
Where hope and healing begin.

Student/Resident/Intern Application

Updated 12/2019

PERSONAL INFORMATION	*Please use black ink. Form must be hand signed, no e-signatures accepted.*	
LAST NAME	**FIRST NAME**	**MIDDLE INITIAL**

ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)			
PHONE 1	**PHONE 2**	**EMAIL ADDRESS**	
Emergency Contact Name/Relationship:		**Emergency Contact Phone:**	

EDUCATION			
College/University/Institution Name:			
Field of Study/ Degree:			
Current Status: ☐ Undergraduate Student ☐ Graduate Student	☐ Post Graduate Intern/Resident Temporary License # _____ (Attach Copy) Permanent License # _____ (Attach copy of license, DEA#, and DPS #)	☐ Other _____	
Expected Internship Start Date	**Expected Internship End Date**	**Expected Graduation Date**	**Internship Required Number of Hours**
			Direct Client Hours _____ Indirect Hours_____ **Total Hours** _____
Required Supervisor Credentials (e.g. license)	**Course Name**	**Course Semester**	**Instructor Name/Contact**
	(Please attach a copy of your course description or internship requirements if available)	☐ Fall ☐ Spring ☐ Summer ☐ Other _____	

EXPERIENCE AND INTERESTS	
Describe your professional/academic interests:	
What strengths or skills would you bring to this internship?	
What types of experiences or learning opportunities are you seeking in this internship?	

ADDITIONAL INFORMATION	
Have you ever been employed by or volunteered at The Center for Health Care Services?	☐ Yes ☐ No
	If Yes, please list when/where:
Do you have any relative(s) working at the Center for Health Care Services or serving on the board of Trustees?	☐ Yes ☐ No
	If Yes, please list names/location:
Are you presently employed?	☐ Yes ☐ No
	If Yes, name of employer:
	Full time or part time:
	Occupation:
Have you ever been convicted of a crime, including DWI/DUI, plead guilty or "no contest" to a criminal charge, or entered into an agreement setting forth the conditions for the eventual dismissal of a criminal case?	☐ Yes ☐ No
	If Yes, please describe incident, city, state, and charge:
Have you ever been found to be a perpetrator of Class 1 Client Abuse, Neglect, or Exploitation in any employment or volunteer work?	☐ Yes ☐ No
	If Yes, please describe:
Have you ever been dismissed from a position for committing fraud or theft?	☐ Yes ☐ No
	If Yes, please describe:

AVAILABILITY *Please indicate the days and hours you are available*	
Weekday	**Hours Available**
☐ Monday	
☐ Tuesday	
☐ Wednesday	
☐ Thursday	
☐ Friday	
☐ Saturday	
☐ Sunday	
Notes:	

PROFESSIONAL OR PERSONAL REFERENCES *Please list individuals who can speak about your character and skills*		
Name	**Relationship**	**Phone/Email**

Acknowledgement/Confidentiality Statement

The Center for Health Care Services (the Center) provides unpaid student opportunities for the express benefit of participants work experience and training in specialized skills and does not derive immediate advantage of the activities performed by the unpaid student. These opportunities do not displace regular employees of the Center.

I understand that my participation in the provision of services through the Center is on a ***volunteer*** basis. I will not receive any financial compensation for my assignment. I hereby certify that I have a genuine interest in an educational assignment and that all of the foregoing statements are true and correct. I understand any false or misleading information, omission, or incomplete answers will be sufficient grounds for my application to be rejected, or for discharge, if I am already providing student services through the Center at the time of the Center's discovery. I authorize the Center to verify my statements and to undertake an investigation to gather and keep as much pertinent information as is permitted by law.

If accepted for an educational placement, I understand that the use of illegal drugs, alcohol and inhalants will be prohibited and I agree to submit to drug testing to detect the use of illegal drugs and alcohol at any time during my assignment with the Center. I also agree to comply with all other company policies, procedures, rules and regulations made known to me at the time of assignment or any other times thereafter, and to perform all duties assigned to me to the best of my ability.

I have been provided a copy of the Confidentiality Policy of the Center. I have read and understand the Center's Confidentiality Policy. I hereby acknowledge and agree to abide by the Confidentiality Policy of the Center in regard to information on persons served. Information regarding persons served by the Center will be released only with the written consent of the person served, the parent if the person served is a minor, the legal guardian, or by an appropriate order of a court of competent jurisdiction. Federal and state laws, including but not limited to HIPAA Privacy, and the regulations pertaining thereto, require that any information, verbal, written or observed, about the identify of a person served, his/her diagnosis, or treatment must be kept confidential, and this confidentiality continues even if this person is no longer served by the Center or the recipient of such confidential information no longer retains a connection with the Center. Violation of confidentiality regulations may subject the violator to immediate dismissal and to prosecution under federal and/or state law.

I will follow the instructions of Center employees appointed to supervise my activities. I authorize Center employees to make verbal or written reports or evaluations to faculty members or school officials on my performance and conduct.

BY SIGNING THIS DOCUMENT, YOU ARE ATTESTING TO THE ACCURACY AND TRUTHFULNESS OF YOUR ANSWERS

_____

Printed Name

_____ _____

Signature **Date**

Unpaid Internship Authorization

The Center for Health Care Services provides unpaid internship opportunities for the express purpose of providing interns with training in specialized skills. It is the intent that The Center for Health Care Services provide educational training tied to the intern's formal education program by integrated coursework or the receipt of academic credit, and that the intern's work will complement, rather than displace, the work of paid employees while providing significant educational benefits to the intern.

Intern Applicant: Please answer the following questions to be considered for an unpaid internship:

1)Will you receive academic or licensure credit?	☐ Yes ☐ No *(Not eligible for unpaid internship, do not continue)*
2)Do you understand that there is no expectation of compensation?	☐ Yes ☐ No *(Not eligible for unpaid internship, do not continue)*
3)Will your internship provide you with significant educational benefits?	☐ Yes ☐ No *(Not eligible for unpaid internship, do not continue)*
4)Do you understand that the internship is conducted without entitlement to a paid job at the conclusion of your internship?	☐ Yes ☐ No *(Not eligible for unpaid internship, do not continue)*

Conditions of Agreement and Signature

This document does not serve as an employment contract but rather defines and describes the educational goals, intent and details of the arrangement between the unpaid intern and the Center.

- I agree to perform only those specific functions directed to me by my Center onsite supervisor while on Center property.
- I understand that my status at the Center is not that of an employee, that I will not be asked to perform employee functions and I do not expect any compensation in connection with my activities at the Center.
- I agree that I will advise the Center of, and may decline to participate in, any undertaking for which I am not confident or qualified to perform the activity requested.
- I acknowledge and accept responsibility for my own acts and will hold the Center blameless should my conduct lead to the physical injury or property damage of others, as provided by separate agreement.
- I understand that I have waived and released the Center from any and all injuries I may suffer during my internship, as provided by separate agreement.
- I understand that my status as an unpaid intern may be maintained only for so long as I am receiving academic credit for my activities at the Center and I will advise my Site Supervisor immediately if this status changes.

Name (Print)	**Signature**	**Date**
Address	**Phone Number**	**Email**

VOLUNTEER CANDIDATE CONSENT TO BACKGROUND SEARCH AND INVESTIGATION

CONSUMER NOTIFICATION: This is to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, and/or retention as an student/volunteer. The report may include, among other items, criminal background information, confirmation of your educational and employment history, an investigative consumer report (for which you may request a disclosure of nature and scope) as to your work performance, and confirmation of any references provided.

The undersigned hereby authorizes CENTER FOR HEALTH CARE SERVICES and/or its agents to make an investigation of my background, references, character, employment, credit, motor vehicle, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained in my application and/or obtaining other information which may be material to my qualifications for employment. I further agree to a test for controlled substances, if requested. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

In the event of my Volunteer Work, this authorization shall remain in effect for the duration of such placement. Prior to taking adverse action as a result of any investigations resulting from this authorization, CHCS shall provide to me a copy of the consumer report or investigative consumer report which caused such adverse action and a summary of my rights under the *Fair Credit Reporting Act*.

I release CHCS and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources.

Signature: _____Date:_____

Please type or print legibly the information requested below, black ink only.

True and Complete
Legal Name: First _____Middle _____Last_____

Maiden or Other Names Used: _____Dates Used:_____

Present Street Address:_____ Dates of residence (e.g. 2003 to 2008):_____ to _____

City:_____ County _____State:_____ Zip:_____

Other cities and states lived in during the past seven years:

City:_____ State:_____ Dates of residence:_____ to_____

City: _____State: _____Dates of residence: _____to_____

City: _____State: _____Dates of residence: _____to_____

Driver's License Number:_____ State of Issue:_____

Date of Birth:_____ Social Security Number:_____

Note: The above information is required to ensure positive identification and is in no manner used as qualification for employment. California, Minnesota, and Oklahoma applicants check this box • if requesting copy of report be sent to address above.

CENTER FOR HEALTH CARE SERVICES REQUEST FOR PROCESSING

- **Criminal History, County**
- **Criminal History, Statewide**
- **Criminal History, Federal District**
- **Criminal & Sex Offender Database, National**

PRE-EMPLOYMENT

Consent to State & Federal Background Data Base Search - Volunteer

Notification:
In accordance with Department of Health & Human Service (DSHS), Centers for Medicare & Medicaid Services, Texas Administrative Code 40, Chapter 93, and Texas Health & Safety Code, Chapter 253, The Center for Health Care Services is required to search the following data bases to determine if an applicant, volunteer or contractor is listed as unemployable or is listed as an excluded provider on either registry.

- *State & Federal Office of Inspector General Database*
- *Employability Status Check Search – consolidated results from DADS' Nurse Aide Registry, Medication Aide Registry & Employee Misconduct Registry*
- *CANRS – Client Abuse & Neglect Registry System*

The undersigned hereby authorizes The Center for Health Care Services (hereinafter referred to as the Center) to make an investigation of my background through the above named databases upon my application for student placement.

I also understand that my name will be checked against the OIG and Employability Status Check databases each **month** for the duration of my employment or association with the Center in accordance with the DSHS standards.

I release the Center and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources.

_____ _____
Signature Date

Please print legibly

Legal Name: (as it appears on Social Security Card)

First: _____ Middle: _____ Last: _____

Maiden or other names used:

_____

Date of Birth: _____

Social Security Number: _____

Note: *The above information is required to ensure positive identification and is in no manner used as a qualification for employment.*

(To be completed by CHCS Staff)

Student / Resident / Intern Site Approval			
Student Name	**Site Supervisor**	**Unit#**	**Student ID #**

Date of Background Report	**Results (Cleared/Not Cleared)**	**Name and Title of Person Verifying**
Signature		

Application to be filed in student training record

Please complete and return to:
Kelly Welsh, Academic Coordinator, The Center for Health Care Services
Email: kwelsh@chcsbc.org
Fax: 210-261-1810
Phone: 210-261-1109