



Homicide Survivors, Inc. Internship Application

Any information you choose to provide will be kept confidential and will only be used by HSI.

Contact Information

Today's Date: _____

Name: (Please print) _____

Date of Birth: ____ / ____ / ____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Mailing Address _____

City: _____ Zip: _____ Home address same as mailing

Home Address: _____

City: _____ Zip: _____

E-Mail: _____

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

Occupation: _____ Employer: _____

Have you ever been convicted of a felony? Yes No

No

If yes, please explain:

Have you been convicted of a misdemeanor within the last five years? Yes No

If yes, please explain:

Education

In the 2019 summer semester I will have just completed my:

___ Freshman year ___ Sophomore year
___ Junior year ___ Senior year Other: _____

Major(s): _____

Minor(s): _____

Please indicate your fluency in any languages other than English: _____

Which of the following apply to you?

___ Full time student ___ Part time student

___ Employed at _____, hours per week: _____

About you...

Where did you hear about HSI and what encouraged you to apply for an internship with us?

Please include any additional information about yourself such as personal experiences, attributes, or skills that you feel are relevant to interning at HSI:

Previous Internship Experience:

Other Relevant Experience:

Internship Interest Areas:

- Data Entry
- Administrative Support
- Court Support/Advocacy
- Grant Writing
- Fundraising
- Home Visits
- Public Speaking/ Victim Impact panel
- Community Outreach/Events
- Marketing & Communications

VOLUNTEER & INTERN AGREEMENT

MISSION: Homicide Survivors, Inc. is a nonprofit victim assistance organization dedicated to meeting the crisis and long term needs of families of murder victims. Through support, advocacy and assistance we help survivors cope emotionally, stabilize economically and help survivors seek justice for their loved ones. Homicide Survivors is committed to ensuring that no one has to endure the murder of a loved one alone. We can't change the tragic loss, but together, we can ease the pain & prevent further victimization.

BILL OF RIGHTS:

As a volunteer/intern with HSI, you have the right:

- To be treated as a professional and valued as an asset; with consideration for personal preference, temperament, life experience, education, and employment background.
- To dignity and respect; regardless of age, race, size, faith, gender expression, sexual orientation, citizenship status, religion, national origin, veteran status, marital status, physical or mental disability or perceived disability, and economic and cultural background.
- To know as much about the agency as needed; its policies, its people and its programs.
- To training for the job; thoughtfully planned and effectively presented training that is up to date and applicable to your work.
- To sound guidance, supervision, and direction; by someone who is experienced, patient, well-informed, and thoughtful.
- To ask questions and seek guidance or direction when necessary; to be given support.
- To be assigned a job that is worthwhile and challenging; that will use your skills appropriately or help you develop new ones.
- To a variety of experiences; through advancement to assignments of more responsibility, through transfer from one activity to another, and through special assignments.
- To ask for a new assignment, or speak to the Volunteer Coordinator and/or your staff supervisor when you want to explore other volunteer opportunities.
- To discuss any concerns regarding projects or experiences with the Volunteer Coordinator and/or your staff supervisor.
- To be heard; to have a part in planning, to feel free to make suggestions, and to have respect shown for an honest opinion.
- To regular recognition and praise, both formally and informally, for a job well done.

Attire for Intern/Volunteers: All HSI paid staff and unpaid staff (interns/volunteers) are expected to present a professional image. As a general rule of thumb, "business casual" attire is expected of volunteers working in the office during business hours, and safety is a priority. Appropriate attire for a particular work area depends on the specific job being done, the audience, and the setting, and is determined by the staff member who is immediate supervisor of the person carrying out the job. Generally, flip-flops and dirty/torn clothing would not be appropriate office/event attire for volunteers.

CODE OF CONDUCT

While at HSI:

1. I will treat **all** people with dignity, respect, and courtesy. I will endeavor to be open to all people, especially those who may differ from me. Differences may include: age, race, size, faith, gender expression, sexual orientation, citizenship status, religion, national origin, veteran status, marital status, physical or mental disability or perceived disability, and economic and cultural background. I will talk with my staff supervisor if I have questions, concerns, or difficulties with diversity issues.
2. I will maintain strict confidentiality for all sensitive information I encounter at HSI. This includes names, addresses, phone numbers, personal information, and case information. I will not engage in public conversations about visitors or callers while volunteering in the office. I will not share information about survivors, victims with people outside the office.
3. I will always perform my volunteer job to the best of my ability, and in accordance with the job description for my position.

CERTIFICATION:

I certify that I have read, understand, and agree to abide by Homicide Survivors Code of Conduct.

Signature

Date

Printed Name

Confidentiality Agreement

The nature of services provided by Homicide Survivors Inc. requires information to be handled in a private and confidential manner. Information about our agency, employees, and clients may only be released with written consent. All information on victims, names, phone numbers, reports, memoranda, notes, or other documents will remain part of the confidential records.

The undersigned volunteer agrees to abide by this confidentiality agreement

Signature: _____

Date: _____