



A lifetime of partnership. A lifetime for growth.

Dear Intern Applicant,

Thank you for requesting information about Connection of Friends Internship Program.

Connection of Friends was created to provide structured programming for participants while encouraging socialization and growth. To ensure the safety and integrity of our program, all intern candidates are required to fill out the attached application and schedule an interview. Your listed references will also be contacted at that time and a background check conducted. Once completed, interns will receive a thorough orientation completed by our Program Director.

Please email the completed Intern Application Request Form to Sarah Donnelly, Executive Director at sdonnelly@connectionoffriends.org. If you are unable to email your form, please mail to the following address:

Terry and Ginny Kline
1502 Coloma Place
Wheaton, IL 60189

If you have any questions, please feel free to contact Jamie Hager, Program Director at (630) 260-0922. I also encourage you to visit our website at www.connectionoffriends.org to learn more about us.

Sincerely,

Sarah Donnelly
Executive Director

Connection of Friends Intern Position Description

Qualifications

- Candidates for Intern will be actively working toward a bachelor's degree or higher in Special Education, Social Work, Psychology, Physical Therapy, Speech Therapy, or another related field.
- Candidates must be physically capable of handling all programming activities.
- Above all, the candidate must demonstrate the ability to act with maturity, make decisions, problem solve and respond well to direction.

Definition

A Connection of Friends Internship is developed between COF and the university or college. All Intern candidates will interview with the Connection of Friends Executive Director and Program Director. The Intern of Connection of Friends reports directly to the Program Director. The person in this position will receive educational experience in day-to-day operations, as outlined in the key functions below. All key functions are understood to be learned in time and with the assistance, supervision and feedback from the Program Director. It is understood that the Intern position is unpaid and for educational experience only.

Scheduling Expectations

The Intern will meet with the Program Director for orientation and receive a copy of COF's handbook outlining policies, procedures and working conditions prior to the start of their internship. The Program Director will schedule weekly hours needed that will provide an array of experiences within the COF program. The intern will be expected to show up to shifts on time and as scheduled by the Program Director. Any schedule changes must be given with as much notice as possible. The Intern will be scheduled for 3 hours for each section of programming to work on-site with participants. Interns are required to work **2 Saturday Night Socials**. **Additional hours** will be scheduled by the Program Director to allow The Intern to create and complete projects during administration hours. Attendance for additional supervision hours as determined by the college or university may also be required. The Intern will have a timesheet to fill out recording arrival and departure times.

Key Functions

- Engage with the participants during week-day and Saturday Night Social programming
- Support and model positive behavior expectations for both participants and volunteers
- Assist with daily set up and preparation for program as demonstrated by staff
- Work with the team in creating and completing projects for 13-week session
- Attend a scheduled Staff Meeting to present final projects to the Executive Director
- Perform other functions, as requested from time to time, by the Executive Director and the Program Director

Connection of Friends Intern Request Form

Contact Information

Name	
Street Address	
City/Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
Birthdate & Age	
Name of College	
Major	

Previous Experience

1. Have you worked with individuals with special needs? YES NO

If yes, where?: _____

What was the nature of the special need? (autism or other) _____

Summarize any other previous volunteer experience.

Interests

Please list any special skills, training, sports experience and hobbies you have.

References

Please provide two references (Including one employer if possible and **no** immediate family).

Name	Relationship	Email	Phone

Requirements

Number of hours needed to complete internship _____

Amount of time (e.g. must be completed in 3 months) _____

Additional requirements (e.g. faculty supervision, evaluations to be completed by COF, etc.)

Availability

Week-Day Scheduling

- Interns will be scheduled a total of **3 hours** working with participants during programming;
- Interns will be scheduled at **least 1 hour** working on administrative projects;
- Attendance for **additional** supervision hours as determined by the college or university may also be required. The Intern will have a timesheet to fill out recording arrival and departure times.

Saturday Night Scheduling

Interns will be required to work **2 Saturday Night Socials a month** with arrival time at 5:30 until 9:00 pm. No additional administration time is available.

Week-Day Options

Programming days and time availability is a function of participant registration for each 13-week session so please check **ALL** day and time options you are available. Tuesday and Friday are not an option for interns at this time. Please circle at least 1 administrative day and time and 1 programming day and time.

Day of the Week	Admin Time	Programming Time
Monday	10:00-Noon	Not Available
Wednesday	10:00-Noon	2:45-6:00 pm
Thursday	10:00-Noon	2:45-6:00 pm

Criminal History Check

Connection of Friends will conduct a criminal history check of the intern applicant for the purpose of evaluating the suitability of being a COF Intern.

Please complete and return the attached Authorization for a Criminal History Check form.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

Volunteer Applicant Name _____ Maiden Name _____

Date of Birth _____ Sex _____ Race _____ Social Security Number _____

Address _____ Phone Number _____

I hereby authorize an agent of Connection of Friends, Inc. (“COF”) to obtain a criminal history check on me, for the purpose of evaluating my suitability for a volunteer position with COF in which I may have regular contact with special needs teenagers and adults.

I understand that although COF will use its best efforts to safeguard the information that I am providing to assist it with the criminal history check, such information will need to be seen by Terry and Ginny Kline in order to type or otherwise prepare and submit the necessary criminal history request. Furthermore, once a request for a criminal history check has been submitted, COF has no control over the functioning of the mail or the Internet, or over the entity processing the criminal history check. Accordingly, I hereby release COF and its representatives, officers, agents, directors and employees or its successors from any and all claims, demands, rights, causes of action of whatsoever kind or nature, present or contingent, which I may have or in the future may have, arising from the production of this information.

I acknowledge that the results of any criminal history check will not be disclosed to anyone other than COF’s President, Terry Kline and Executive Director, Sarah Donnelly without my permission.

I have carefully read this document, understand the contents and agree with the terms herein. Furthermore, I hereby certify that the information I have provided on this form is true.

Please circle... I want / I do not want to receive a copy of the report.

Signature: _____ Date: _____

Print your name: _____

I signed this form in the presence of the following witness:

Signature: _____ Date: _____

Print your name: _____