

YMCA of Greater Pittsburgh Final Report & Checklist for Intern Placement

Name of Intern _____ YMCA Branch _____

YMCA Intern Supervisor _____ Time Frame for Internship _____ Hours
Phone _____ email: _____

Term of Placement Please Circle one: Summer Fall Spring

Task	Date Completed	YMCA Staff Signature
Completed Internship Interview & Placement		
Student completed the required paperwork: in this order please 1. Application 2. Student ID card (Photo copy) 3. Plan for Learning or Agreement 4. Authorization to Release Information (IntelliCorps) 5. Intern Disclosure Statement 6. Intern Handbook Confirmation Page 7. Photo Release 8. Emergency Contact Information 9. Code of Conduct Not online. YMCA staff reviews 10. Babysitting Policy Not online. YMCA staff reviews 11. Other _____		
Provided YMCA Supervisor with: 1. University transcript 2. Professional resume 3. Paperwork from partnering organization/college (contract, learning plans, evaluations)		
Attended Branch/Department Staff Meeting(s) as requested		
Attended Branch Board Meeting as requested		
Served one 2-hour shift for most positions at the Branch Welcome Center		
Accompanied a Member Service employee on a new member tour using LISTEN FIRST		
Assisted supervisor in the promotion of 1 program		
Completed required YMCA Training: ❖ New Intern Orientation ❖ Child Abuse Prevention ❖ Bloodborne Pathogens ❖ Mid term Training ❖ Recognition and Panel ❖ Other _____		
Visit 2 other YMCA Branches (verified by signatures)		
Visit 1-2 Community partners of YMCA		
Submit Portfolio of internship work done		
Presentation – 4 slide PowerPoint at Recognition highlight accomplishments & recommendations		
Daily Logs		
Completed written Internship Evaluation and Exit Interview with the Director of Staff Recruitment & Development		

Completed Checklist should be turned into Internship Supervisor at the branch, Paperwork sent to Donna Jozwiak, and final evaluation checklist to Lila de Klaver.



YMCA of Greater Pittsburgh
Collegiate YMCA 311 Bellefield Hall 315 S. Bellefield Ave
Pittsburgh, PA 15260
Internship Application – 2009

Name: _____ Phone # _____ E-mail: _____

Permanent Address: _____

Name of University/ School: _____ Classification: Junior Senior

Advisor: _____ E-mail: _____ Phone # _____

Major Field of Study: _____ Minor or Related Field: _____

Hours needed for Internship: _____ Will you receive academic credit? Yes No

Will you ONLY consider a PAID internship? Yes No

Date you prefer to begin Internship: _____ Date you prefer to end Internship: _____

Please specify which YMCA Branch (of Greater Pittsburgh) you would prefer to do your internship:
_____ (refer to website for Branch locations at www.ymcaofpittsburgh.org)

Please rank internship (area) preferences (1-5):

- | | | |
|--|---|--|
| <input type="checkbox"/> Facility Management | <input type="checkbox"/> Community Development | <input type="checkbox"/> Recreation/ Sports |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Camping | <input type="checkbox"/> Financial Development |
| <input type="checkbox"/> Family Programming | <input type="checkbox"/> Child Care | <input type="checkbox"/> Business/ Accounting |
| <input type="checkbox"/> Youth/ Teen Development | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Wellness/ Fitness |
| <input type="checkbox"/> Information Tech. | <input type="checkbox"/> Member Services/ Marketing | <input type="checkbox"/> Other |

My goals for this internship experience are: _____

Special Skills I have: _____

Please provide three references (professional or academic):

	Name	Relationship	Contact Information
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

How did you learn about this internship possibility? _____

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

Date of conviction: _____ Name & location of the court: _____

Nature of the offense: _____ Sentence/fine imposed on you: _____

Additional Comments: _____

I agree that if I receive an offer for internship/employment, I will abide by and confirm to all policies and regulations of the YMCA now in effect and or hereafter established. I understand that any such policies can be revised or terminated by the YMCA at any time at its sole discretion. I also understand that misrepresentation or omission of information requested in this application, related documents or oral interviews may subject me to immediate dismissal. It is my understanding that the YMCA will make a thorough investigation of my work and personal history and may verify all data given by me in connect with my application for internship/employment. I authorize such investigation and the giving of information requested by the YMCA and I release from liability any person or entity giving or receiving any such information. I acknowledge that not written or oral statement or promises have been made to or relied upon by me regarding the length of my internship/ employment or the reasons it can be terminated.

Applicant's Signature: _____ Date: _____

In case of emergency, notify: Name: _____ Phone # _____

Learning Agreement

Academic Internship

(To be completed if college/university does not provide a Learning Agreement)

I. Student's Name _____
Total Credits Earned (to date) _____ Major _____ QPA _____
Local Phone _____ E-mail _____

II. Company/Organization Name

Supervisor's Name and Title (Please Print!) _____
Address _____
City _____ State _____ Zip _____
Phone _____ FAX _____ E-mail _____

Describe the responsibilities of the intern and what he/she will learn from this experience.

Describe how you will supervise and evaluate the intern. How often will this be done?

Hours per Week _____ Dates of Internship _____
Supervisor's Signature _____ Date _____

III. Faculty: List the requirements for the academic component of the internship. Include the students learning objectives for the experience. The number of credits is based on the academic work to be completed.

Number of Credits for the Internship (circle number; maximum of 3 credits per term) 1 2 3 Term _____

Other Credits Student Is Earning This Term

Faculty Sponsor Name (Please Print!) _____ Dept _____

Faculty Signature _____ Date _____ Campus Address _____

Campus Phone: _____ Email: _____

IV. Student Signature _____ Date _____

YMCA Internship Coordinator Signature _____ Date _____

YMCA of Greater Pittsburgh



We build strong kids,
strong families, strong communities.

AUTHORIZATION TO RELEASE INFORMATION

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
Social Security Number	Driver's License #	State

do hereby authorize verification of all information in my internship/ employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **Intellicorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **Intellicorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for internship/ employment. I certify that I have made true, correct, and complete answers and statements on my internship/ employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for internship/ employment. I agree to provide additional information that may be requested to process my internship/ employment application. I authorize without reservation, any party or agency contacted by **Intellicorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my internship/ employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **Intellicorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Intellicorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of internship/ employment and my discharge after internship/ employment.

_____	_____	_____
Printed Name	Applicant Signature	Date

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.

INTERN/ EMPLOYEE DISCLOSURE STATEMENT
APPLICATION FOR PROVISIONAL INTERNSHIP/ EMPLOYMENT IN A CHILD-CARE
SERVICE

(Required by Child Protective Services Law 23:PA :CS Section

I swear/affirm that I have mailed the requests for clearances to Childlike, the Pennsylvania State Police, and the Federal Bureaus of Investigation. (Where applicable)

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Child Protective Services Law within the preceding five years.

I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crimes in another state.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709 (relating to harassment and stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to relating to incest)
- Section 4303 (relating to concealing death of a child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)

I understand that as a provisionally hired intern/ employee I must work within the eyesight of a permanent employee at all times.

I understand that I must be dismissed if I have been named as a perpetrator of a founded report of child abuse within the past five years or have been convicted of any crimes listed above.

I understand that my internship/ employment may be terminated if I have been named as the perpetrator of a founded report of child abuse longer than five years ago or the perpetrator of an indicated report of child abuse.

I hereby swear/affirm that the information set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.

Date: _____ Name: _____

Witness: _____ Signature: _____

**INTERN'S ACKNOWLEDGMENT OF RECEIPT OF
HANDBOOK AND RESPONSIBILITY FOR ITS CONTENTS**

I hereby acknowledge receipt of this Intern/ Employee Handbook containing the currently effective policies and procedures of the YMCA of Greater Pittsburgh as of , 2007.

I understand that these policies and procedures have been formulated to achieve order and consistency among the YMCA of Greater Pittsburgh's interns/ employees.

I understand my responsibility to become aware of the contents of this Handbook and that I have the opportunity to ask questions about any policy or procedure in this Handbook which is unclear to me.

I understand that this Handbook contains confidential information to be used only by employees of the YMCA of Greater Pittsburgh and that I am not permitted to make copies of any portion of this Handbook without the written permission of my immediate supervisor.

I understand that I am not to destroy, mutilate, or mark this Handbook because I am to return it in to my immediate supervisor if my employment ends for any reason. I do understand, of course, that I may make notes on the note paper provided at the end of this Handbook.

Witness' Signature

Intern's Signature

Date

Date



YMCA of Greater Pittsburgh
Photo Release Form

PHOTO RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged. I hereby give the YMCA of Greater Pittsburgh, its legal representatives, successors, and assigns, including its member YMCA associations, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority, including Videographer/Photographer the absolute right and permission to take, copyright, use and publish photographs/video of or concerning _____
Intern's Name

in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission.

I agree that the photograph becomes the exclusive property of the YMCA of the USA and

I waive all rights there to.

I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

Date

Signature (if minor, parent or guardian signs)

Address →

Print Parent or Guardian Names

YMCA of Pittsburgh Intern/ Employee Emergency Contact Information

Staff Name _____ S.S.# _____

Address _____

Job Title _____

Names of Household Members, Relationships _____

Emergency Contact Persons:

<u>NAME</u>	<u>DAY PHONE</u>	<u>EVENING PHONE</u>
_____	_____	_____
_____	_____	_____

Name of Primary Health Care Provider:

Name _____

Address _____

Phone _____

Health Insurance Coverage or Policy # _____

Medical Assistance Benefits _____

Medical or Dietary Information _____

Allergies _____

Medications, Special Conditions _____

Disabilities _____

Any health issue/concern you wish to speak confidentially to the Director about?

Circle: Yes No