HCWC
HAYS-CALDWELL WOMEN'S CENTER
Empowering Survivors Together

P.O. Box 234
San Marcos, TX 78667-0234
www.HCWC.org · www.StopTheHurt.org
24 Hour HELPLine: (512)396-4357
@hcwcenter

Please complete this form in its entirety and submit it via email to kbrotze@hcwc.org, or print and mail it to:

Hays-Caldwell Women's Center
P.O. Box 234
San Marcos, TX 78667-0234

Internship Application

* Indicates a field that is required

General Questions

Please check the type of internship you're applying for:*

- ◯ Undergraduate Social Work
- ◯ Master of Social Work: Generalist/First Field
- ◯ Master of Social Work: Final Field
- ◯ Counseling
- ◯ General Undergraduate (Psychology, Sociology, HDFS, CJ, Public Health, etc.)
- ◯ Other

Semester of Internship*

Internship Registration Deadline*

Internship Start Date*

Internship End Date*

Contact Information

First Name*

Last Name*

Preferred Name

Street Address*

Address Line 2

City*

State*

Phone Number*

Email Address*

Best way to contact you weekdays, 9am - 6pm*

◯ Phone ◯ Email

Employer

May we contact your work?

◯ Yes ◯ No

Emergency Contact Name*

Emergency Contact Number*

Internship Information

How did you hear about interning with HCWC? Check all that apply.*

◯ Special Event / Career Fair ◯ TV ◯ Radio ◯ Newspaper ◯ Employer ◯ Speaker ◯ School
◯ Our Website ◯ None of the above

What university do you attend?*

Expected Graduation Date*

Undergraduate major*

Graduate major (type N/A if not applicable)*

Who is your internship supervisor*

Internship supervisor phone number

Internship supervisor email address

How many hours are you required to complete for your internship?*

Please specify your program's requirements for your on-site supervisor and any other internship requirements that you know of:

Internship Questions

What specifically interests you about working in the field of family violence and sexual assault?*

What work/volunteer experience do you have working with survivors of child abuse, family violence and/or sexual assault & abuse?*

What would you like to gain from your experience at HCWC?*

List any skills you would like to use as an HCWC intern:*

Please indicate all the times you would be available during your internship:*

- ☐ Monday Morning
- ☐ Monday Afternoon
- ☐ Monday Evening
- ☐ Tuesday Morning
- ☐ Tuesday Afternoon
- ☐ Tuesday Evening
- ☐ Wednesday Morning
- ☐ Wednesday Afternoon
- ☐ Wednesday Evening
- ☐ Thursday Morning
- ☐ Thursday Afternoon
- ☐ Thursday Evening
- ☐ Friday Morning
- ☐ Friday Afternoon
- ☐ Friday Evening
- ☐ Saturday Morning
- ☐ Saturday Afternoon
- ☐ Saturday Evening
- ☐ Sunday Morning
- ☐ Sunday Afternoon
- ☐ Sunday Evening

Are you bilingual?* If so, what languages?

◯ Yes ◯ No

Are you a current or former client of HCWC?*

◯ Yes ◯ No

Have you ever been convicted for a violation (other than a routine traffic violation, i.e. Class C misdemeanor) or are you currently on deferred adjudication or probation?

◯ Yes ◯ No

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. **PLEASE TYPE FULL NAME***

Date*

Optional Demographics

HCWC does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, gender, sexual orientation, age, height, weight, physical or mental ability, veteran status, military obligations, and marital status. If you'd like to participate by answering these four questions, we promise NOT to share your information.

Date of birth

County of residence

Gender

Ethnicity

◯ Caucasian ◯ African American ◯ Hispanic Asian ◯ American Indian

◯ Native Hawaiian/Pacific Islander ◯ Multi-Racial ◯ Other

Confidentiality Agreement

The Hays-Caldwell Women's Center is committed to the safety and welfare of its clients. The Center is also committed to the confidentiality of all information regarding its clients as a means of ensuring their safety. Confidentiality is defined as the assurance that access to information regarding any client shall be strictly controlled, and that any violation of such control shall be a breach of faith. Confidential information shall include but is not limited to: Communications, information and observations made by, between or about adult and child clients, staff, volunteers, student interns and board members. Addresses of employment, residence and family addresses of clients, staff, volunteers, student interns and board members. Names of clients, staff, student interns and volunteers unless the individual provides written permission which is to be approved by the Executive Director. Photographs taken of clients. Volunteers/interns must never release confidential information, either over the phone or in person, about the Center and its clients without the express permission of the Executive Director or a designated staff member. This includes release of information to board members, criminal justice personnel, family members, community supporters or other interested parties. I have read the Center's Agreement of Confidentiality and agree to abide by its conditions of confidentiality.

Signature of applicant (Please type your full name):*

Liability Agreement

The Hays-Caldwell Women's Center (HCWC) is unable to assume any liability on behalf of volunteers. Please read the following statements releasing HCWC from liability and indicate your understanding by your signature below. LIABILITY RELEASE I AGREE to respect the persons, privacy, and possessions of the clients, staff, and volunteers of the Hays-Caldwell Women's Center and to ensure that my children do the same. I RECOGNIZE that I alone am responsible for my safety and health, the safety and health of my children, and the safety and health of any other persons who might accompany me. I alone am responsible for my (our) possessions. The staff and/or volunteers at HCWC cannot safeguard or be responsible for my children, our possessions, or me. In respect to the services provided by HCWC to me and to those accompanying me, I UNDERSTAND that HCWC assumes no liability or responsibility whatsoever in connection with the services provided, for any act of omission or commission which might be constituted as negligence; nor for any loss, theft, or injury to persons or property; nor, during any transportation by staff, volunteers, or clients to or from any location; nor for any illness, damage, or inconvenience sustained by me, my children, or others accompanying me. I AGREE to hold HCWC, its staff, employees, interns, agents, volunteers, contributors, officers, and directors harmless from any and all claims, demands, debts, responsibilities, and/or liability relating to me, my children, or those accompanying me. By signing below, I certify that I have read and understood the above release of liability.

Signature of applicant (Please type your full name):*

Date*