

# **\* Counseling Intern Volunteers Only \***

## **FamilyTime Crisis and Counseling Center**

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### **Counseling Internship Opportunities**

FamilyTime offers unpaid counseling internships throughout the year for Licensed Professional Counseling (LPC) interns and Graduate-Level Practicum students pursuing a degree in counseling/psychology. We are not able to accept interns pursuing social work degrees or licenses.

If accepted for an internship, FamilyTime provides intern supervision at no cost which is performed by our on-staff LPC Supervisors.

If you are interested in an internship opportunity with FamilyTime, please complete the attached Counseling Intern Application & Agreement (4 pages) and return it, along with a cover page to the attention of Kimberly Boyd by fax (832-233-3086) or by e-mail (Kimberly.boyd@kimberlyboyd.net).



What languages do you speak? English Spanish Other \_\_\_\_\_

Are you able to make at least a three-month commitment? Yes No

Are you a current or former client of FAMILYTIME? Yes No

If a former client, how long ago since you last received services? \_\_\_\_\_

**FamilyTime policy does not allow any person who has received services within the past 3 years to volunteer or work for the agency.**

When are you available to volunteer? (Please indicate days and times available)

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Other \_\_\_\_\_

Please list any special skills or areas of expertise that you possess:

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Please list three (3) personal references, who are not related to you but have known you for at least one (1) year. You may include your practicum professor as a reference if you are a student.

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|----|-------|-------|-------|
| 1. | _____ |       |       |
|    | Name  | Phone | Email |
| 2. | _____ |       |       |
|    | Name  | Phone | Email |
| 3. | _____ |       |       |
|    | Name  | Phone | Email |

**INFORMATION YOU SHOULD KNOW:**

- Potential Interns (volunteers) understand that FAMILYTIME may conduct a criminal background check and that by signing this application permission is given to complete this part of the volunteer screening process.
- Approved Interns (volunteers) must complete all training relevant to the assigned program.
- Interns (volunteers) must provide 3 contacts for references before working with clients in any direct service program. FAMILYTIME will contact these persons.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **FamilyTime Crisis and Counseling Center Counseling Intern Agreement**

This agreement is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between  
\_\_\_\_\_ and FamilyTime Crisis and Counseling Center.

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**CONFIDENTIALITY:** As an intern of FamilyTime, I understand:

- I may learn the identity of clients or previous clients of FamilyTime.
  - I may learn the location of the Shelter for victims of abuse and their children. I also understand and agree that the location of the Shelter is and will remain confidential and that the disclosure of its location could endanger the lives of many people.
  - I acknowledge that the information I learn at FamilyTime concerning the lives of the clients, staff and volunteers is private and confidential both while volunteering at FamilyTime and after leaving.
  - I will respect the rights of FamilyTime clients, staff and volunteers.
  - I will not discuss confidential information except in the performance of my duties as a volunteer.
  - I understand that if information is requested by someone outside of FamilyTime, I am to respond with the statement, "FamilyTime's policy does not permit me to give out that information." This includes whether or not a person is or has been served by FamilyTime. I will immediately direct all requests for information to the agency's Executive Director who is the Custodian of Records.
  - I will only disclose a client's confidences to someone if, 1) Mandated by law; 2) To prevent or clear immediate danger to a person or person; and 3) when I am compelled to do so by a court or pursuant to the rules of a court.
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**COMMITMENT:** Anyone attending training at FamilyTime for educational purposes only must still comply with the rules set by FamilyTime. As a volunteer for FamilyTime, I agree to the following:

- I will keep to the schedule as agreed upon with my Program Supervisor and/or the Manager of Volunteer Services.
  - If I cannot make this schedule, I will notify my Program Supervisor as soon as possible.
  - If I must terminate my volunteer activities, I will notify my Program Supervisor and the Shelter Manager two weeks (if possible) prior to the effective date.
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**PROFESSIONALISM:** As a volunteer, I realize that certain standards of professional conduct apply to my performance at FamilyTime and that professional ethics apply to the work performed. As a volunteer for FamilyTime, I agree that:

- I will perform my responsibilities to the best of my ability and in accordance with the standards as discussed with me by my Program Supervisor.
- I will discuss any questions and concerns with my Program Supervisor and/or the Executive Director.
- I understand that the Shelter is the residents' home and when on these premises I will conduct myself accordingly.
- I will respect the residents, their feelings, their needs and their individuality.

- I recognize that it is inappropriate for volunteers to develop a personal relationship with any client of FamilyTime.
- I understand that if in the course of volunteering in Direct Client Service Programs I encounter someone with whom I have previously had a personal relationship of any nature, I must immediately notify my Program Supervisor and/or the Executive Director.
- As a counseling intern providing professional services on behalf of FamilyTime, I will be required to adhere to the policies and procedures set forth in the Employee Handbook.
- As a counseling intern at FamilyTime, I will be required to keep valid Professional Liability Insurance coverage at all times.
- Non-compliance with any of the above statements may be grounds for dismissal.

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**TERMINATION:** The activities listed below constitute a breach of professional guidelines and are grounds for possible termination as an intern. The following activities will be referred to your Program Supervisor and/or the Executive Director for immediate action:

- Giving out your personal telephone number(s) or email address or those of any volunteer, staff or client.
- Meeting a client in person outside of FamilyTime, unless cleared through your Program Supervisor.
- Encouraging dependency, repeat callers, etc.
- Not referring all media calls to the Executive Director.
- Using drugs and/or alcohol while volunteering at FamilyTime.
- Carrying weapons on FamilyTime property at any time.
- Demonstrating disrespect of the feelings, views and actions of clients, staff and volunteers and using inappropriate channels to express opinions on these matters.
- Not adhering to the policies and procedures set forth in the FamilyTime Employee Handbook.

Before starting intern duties at FamilyTime, you must first be approved for supervision from one of FamilyTime's Counseling Intern Supervisors. If approved, you must also follow any additional policies and procedures that your supervisor sets forth in addition to the agency's policies and procedures. Your supervisor and/or the Executive Director may terminate your internship at any time with cause and if terminated, you will not be eligible to reapply for subsequent intern opportunities.

By signing below, I agree that I have read and understand all policies set forth in FamilyTime's Counseling Intern Agreement and agree to abide by the policies at all times. Failure to follow these policies may result in the termination of your intern duties at FamilyTime.

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Signature

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Date