

world relief[®]

DUPAGE/AURORA

For Office Use:

Initial Intrvw _____

2nd Intrvw _____

Offer _____

Vol ID _____

Pg # _____

CBC _____ MVR _____

Intern Application

Date: _____

PERSONAL

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

Birth Date: _____ Email Address: _____

Have you ever been convicted of a criminal offense other than a traffic violation? (Do not include criminal record information that has been ordered expunged, sealed or impounded.) YES NO

How did you hear about World Relief: _____

EDUCATION

Institution: _____

City: _____ State: _____

Degree/Major: _____ Date Awarded/Anticipated: _____

Institution: _____

City: _____ State: _____

Institution: _____

City: _____ State: _____

Degree/Major: _____ Date Awarded/Anticipated: _____

List any Clubs, Memberships, and Organizations you are currently involved with: _____

INTERNSHIP AVAILABILITY

Does this internship fulfill an academic requirement? YES (please attach requirements) NO

Semester/Year for which you are applying: Fall 20____ Spring 20____ Summer 20____

Other _____

Proposed Start Date: _____ Proposed End Date: _____ Hours/Week: _____

Preferred World Relief Office: Aurora DuPage (located in Wheaton)

Does this internship need direct supervision from a licensed professional? YES NO

If so, what degree/license must they have: _____ Required hours of supervision: _____

Please check area of interest:

Internships are filled throughout the year please ask the World Relief Internship Coordinator if the opportunity you are interested in is available.

- Children & Youth Services:** Help refugee families navigate school enrollments, prepare students for their first day of school, and assist with after-school clubs and/or summer camps.
- Church Mobilization:** Assist in recruiting and mobilizing church leadership and congregations to serve refugee clients and to strategically partner with World Relief.
- Citizenship Services:** Assist clients as they navigate through the United States Citizenship process.
- Communications:** Assist in maintaining social media accounts and the development of marketing and communication materials.
- Counseling Center:** Learn about intensive casework and mental health management for the refugee community.
- Development:** Support the work of our organization by reaching out to donors, churches, and community partners in order to help support and contribute to the work of World Relief.
- Employment Services:** Assist refugees on their journey toward self-sufficiency through support, employment training, and case management.
- Early Childhood Program:** Work with our youngest refugee clients to provide nurturing lessons, activities, and socialization.
- ESL Education Services:** Help to teach clients English and build relationships by utilizing necessary curriculum and activities.
- Immigration Case Management:** Assist with civil documents and provide assistance in case management and networking.
- Medical Case Management:** Assist in medical case management and overall health advocacy for refugee clients. Focused on health and wellness and assisting in overcoming barriers to treatment.
- New Arrivals Volunteer Mobilization:** Welcome refugees to the U.S. by picking them up from the airport and assisting in mobilization of initial basic needs.
- Refugee Case Management:** Aid in the refugee resettlement process by assisting clients to adjust and thrive in the United States.
- Volunteer Mobilization:** Assist with the recruitment, processing, and matching of volunteers our refugee clients and within the various World Relief departments.

Why do you want to intern with World Relief?

Describe any previous cross-cultural experience that you have.

Transportation: Do you have access to transportation (i.e., car)? YES NO

Ethnicity (optional): _____

Languages Spoken (include level of fluency): _____

Please indicate your availability:

Monday	Tuesday	Wednesday	Thursday	Friday

EMPLOYMENT EXPERIENCE

Employment: _____ Title/Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Supervisor: _____ Phone Number: _____

How many hours/week do you work? _____ Can we contact your supervisor? YES NO

How long have you worked at this location? _____

What special skills have you learned and/or utilized in this position? _____

REFERENCES

(Please list two individuals, not related to you.)

(1) Full Name: _____ **(2)** Full Name: _____

Relationship: _____ Relationship: _____

Email: _____ Email: _____

Daytime Telephone: _____ Daytime Telephone: _____

(3) Name of Church (optional): _____

Address: _____ Length of Involvement: _____

Pastor's Name: _____ Daytime Phone: _____

Email: _____

Please return completed intern application to:
Holly Tseng, Volunteer Engagement Manager
World Relief DuPage/Aurora
191 S. Gary Ave, Suite 130
Carol Stream, Illinois 60188
(630) 462-7566 ext. 2035
htseng@wr.org

Mission, Vision, Values Acknowledgement Form

Mission

Empowering the local Church to serve the most vulnerable

Vision

In community with the local Church, World Relief envisions the most vulnerable people transformed economically, socially, and spiritually.

Values

The Example of Jesus as we serve those who are suffering from poverty and injustice, regardless of color, belief, or gender, as part of God’s plan to redeem, reconcile, and restore the world. We seek to follow Jesus by living holy, humble, and honest lives individually and corporately.

The Local Church as a primary agent of bringing peace, justice, and love to a broken world. The integrated “word” and “deed” dimensions of God’s mandate, as evidenced through the church’s integral, or transformational, mission are necessary to bringing reconciliation and restoration to God, others, and the environment.

People whether staff, volunteers, clients, beneficiaries, donors, and partners, as important actors in bringing peace, love, and justice. We recognize and affirm World Relief as a multicultural organization and seek to understand and respect the multiplicity of cultures among us. As we seek change in the world, we recognize that we, too, are changed, by those we serve.

Excellence/Continuous Improvement in all our program initiatives and support services, following best practices and standards in a manner that is sustainable to the community from a spiritual, social, and economic perspective. We also seek to apply our human and financial resources in such ways that maximize impact and sustain benefits to the greatest number of people.

Empowerment by prioritizing the leadership and participation of those we serve, whether people, churches, or local institutions, as critical to creating and sustaining change. We seek to catalyze a movement of worldwide volunteers to multiply impact, and we value capacity-building as a means towards that end.

Partnership by seeking, facilitating, and promoting collaboration among all stakeholders, including local governments, the worldwide church, mission agencies, other NGO’s, and the business community, recognizing partnership as essential to serving the most vulnerable. We believe each expression of the worldwide Church has a unique and interdependent role in bringing peace and justice to the world.

Prayer is the priority and foundation to accomplishing our mission.

I hereby acknowledge that I have read and understand the Mission, Vision and Values of World Relief and will respect them in the manner in which I serve.

Signature

Date

Name (Printed)

You do not have to be a Christian to serve as a volunteer or intern with World Relief.

We simply ask that you respect our Mission, Vision, and Values and understand that we are a Christian organization dedicated to living out Christian principles. Our expectation is that you will facilitate a relationship with staff, clients, and community that is indicative of our stance of preserving dignity and empowering those we serve.

Health & Communicable Disease Policy

General Health Precautions:

World Relief DuPage/Aurora strongly encourages the use of general health precautions in all offices, off-site programs, home-based and transportation services, and volunteer training material. These general precautions include everyday steps to protect your health and the health of those around you, such as:

- Cover your nose and mouth with your elbow or a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- If you must touch or assist someone who is sick or injured, use new medical gloves, especially if you may come in contact with bodily fluids. This is for the protection of both you and the injured person. Follow proper incident reporting procedures.
- Make First Aid Kits available for staff and volunteers at any official World Relief office or program site.
- If you are sick with influenza or another communicable disease, the CDC (Center for Disease Control) recommends that you stay home from work or school and limit contact with others to keep from infecting them. Avoid touching your eyes, nose or mouth.

Role of the Health Department:

According to the Illinois Department of Public Health, it is the role of the local health department to monitor infectious diseases and conditions that are “able to be passed from one person to another (communicable) and/or diseases and conditions that pose a risk to the public’s health in general. The Communicable Disease program investigates each individual report and contacts either the individual who has the disease or condition, the medical provider caring for the individual and/or any others who may be at risk” (source: Kane County Health Dept: <http://www.kanehealth.com/FAQs.htm>).

Some service providers – including health care providers, hospitals, and laboratories – are required to report certain infectious diseases to county health departments within certain timeframes (see <http://www.kanehealth.com/PDFs/Diseases/ReportDiseasesPoster4-08.pdf> for more information about which conditions must be reported).

World Relief staff members do not have the authority to determine who may have been exposed to a communicable disease or what kind of testing or treatment to recommend. If you think that you may have been exposed to a communicable disease or have any other related questions, please contact your local health department:

- DuPage County Health Department (<http://www.dupagehealth.org/>): 630.682.7400
- Kane County Health Department (<http://www.kanehealth.com/index.htm>): 630.264.7652

If any World Relief staff or volunteers have been exposed to a communicable disease, this will be evaluated by the health department and they will follow-up with each person (or manager) directly.

For more information about a variety of health issues that may affect Illinois residents, please see the health fact sheets at: <http://www.idph.state.il.us/public/hbhome.htm>

Confidentiality Policy

Confidentiality:

According to HIPPA (Health Insurance Portability and Accountability Act) regulations, all individual health and medical information is strictly confidential. All newly arriving refugees are asked to sign release of information forms, permitting WR to discuss information that “may be helpful to [his/her] successful resettlement.” *The use of these forms for referral/secondary migrant cases will be implemented in the immediate future.* Newly-arrived refugees also receive an orientation on their rights to privacy.

WR staff, and approved interns and volunteers, who are involved in case planning and service provision can access and communicate with each other essential health and medical information pertaining to a client’s employment and financial stabilization, classroom performance, school services, or specialized case management. When health conditions and medical information do not directly influence these areas (i.e. HIV, other STDs, forms of TB), only staff members who are directly involved with medical follow-up will have access to the information. These staff members do not have permission to release this information to other staff or volunteers. If the client chooses to share medical information with any additional staff or volunteers, that individual must maintain the confidentiality of the client by not sharing the information with anyone else. For questions about specific cases, please contact the Refugee Services Director or Initial Resettlement Manager. However, medical information will not be released without the client’s permission.

Confidentiality Agreement:

All information and/or verbal communication pertaining to clients and volunteers, including but not limited to **name, gender, age, ethnicity, national origin, appearance (including photos and video footage), medical/physical condition, mental condition, location of residence, government-issued numbers and entire personal history** is strictly confidential. Further, this information is strictly prohibited from being used in any public venues or on the Internet, personal blogs, social-networking sites such as Facebook, Twitter and MySpace, online photo accounts such as Facebook, Flickr and Shutterfly, and other Web 2.0 sites or applications such as Ning.com, unless written permission is given by the individual or guardian.

As someone with access to such information through verbal communication, person to person interaction, case file documents and/or volunteer applications, you are required to maintain this information in a confidential manner. Any unauthorized access to, modification, deletion or disclosure of client/volunteer information will be deemed a compromise to the integrity of our programs and a violation of individual rights of privacy and may constitute a criminal act.

Distribution, reproduction and verbal communication of any confidential information (as noted above) outside of intention and approval of the refugee client/volunteer are strictly prohibited. Illegal access to or misuse of this information is subject to punishment. Furthermore, refugee program case files and volunteer applications are for the use of authorized persons only.

By signing below, I acknowledge that I have read, understood and agreed to the requirements of the above statements.

Name: _____

Signature: _____

Date: _____

School: _____