



## INTERN APPLICATION

Please Submit Completed Application Along With the Following: Cover Letter, Resume, Copy of Driver's License or State ID, and Copy of Social Security Card.

If selected, you will need to clear Background Checks, TB and Drug/Alcohol Testing.

APPLICATION CONTENTS	
1.	Intern Application
2.	DFPS Criminal History & Central Registry Check Form
3.	DFPS Affidavit for Applicants
4.	Archdiocese Criminal Background Check Form

Thank You for applying for internship at St. PJ's!

Contacts:

Ana Roquebert, MA, LPC, Clinical Director (210) 533-1203 ext. 102  
Sean Munley, MA, LPC-S, Registered Play Therapist -Supervisor (210) 533-1203 ext. 122

Amber Cottrell, Human Resource Manager (210) 531-8577

Note to Supervisor:

Please Submit Application and copies of Driver License, Social Security Card & Texas MedClinic Authorization form to: 1). The Mission Advancement Department of Catholic Charities, Archdiocese of San Antonio, Inc.; and, 2).HR Coordinator at St. PJ's.

The mission of St. PJ's Children's Home is to be a safe and loving refuge for children in crisis and to accompany them on their journey to healing and wholeness, breaking the cycle of abuse and neglect one child at a time.

919 Mission Rd San Antonio, TX 78210  
Phone: 210-533-1203 Fax: 210-568-4567  
Website: [www.stpjhome.org](http://www.stpjhome.org)



## INTERN APPLICATION

*Please answer every question. Please print in black or blue ink.*

Today's Date: \_\_\_\_\_

Type of Internship interested in: Counseling Center Research Other \_\_\_\_\_

Purpose of Internship: Course Credit Licensure Certification Other \_\_\_\_\_

Name: _____			First
Middle		Last	
Address: _____			Number
Street	City	State	Zip Code
Cell Phone: ( _____ ) _____	Other Phone:( _____ ) _____		
Area Code + Number		Area Code + Number	
Driver License/ID Number & State: _____		Social Security #: _____ - _____ - _____	

How were you referred to us? Person (name): \_\_\_\_\_

University (name): \_\_\_\_\_ Organization (name): \_\_\_\_\_

Internet website (name): \_\_\_\_\_ Other: \_\_\_\_\_

What date can you start? \_\_\_\_\_ Until what date are you available? \_\_\_\_\_

What day(s) and time(s) are you available?

- |  |  |
|--|--|
| <input type="checkbox"/> Monday _____    | <input type="checkbox"/> Tuesday _____         |
| <input type="checkbox"/> Wednesday _____ | <input type="checkbox"/> Thursday _____        |
| <input type="checkbox"/> Friday _____    | <input type="checkbox"/> Saturday/Sunday _____ |

List any experience relevant to the program in which you are applying.

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What areas are you interested in gaining experience? \_\_\_\_\_

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# INTERN APPLICATION

## EDUCATION

Please note that college degrees must be from **an accredited university** in order to be considered for internship. Proof of education is required in the event that a conditional offer is made.

**High School:** \_\_\_\_\_

Diploma or GED Last Grade Completed: \_\_\_\_\_

Honors or Awards Received: \_\_\_\_\_

**Vocational or Trade School:** \_\_\_\_\_

Type: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Honors or Awards Received: \_\_\_\_\_

**College or University:** \_\_\_\_\_

Degree: Bachelor Associate

Type: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Honors or Awards Received: \_\_\_\_\_

**University:** \_\_\_\_\_

Masters Type: \_\_\_\_\_

Field: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Honors or Awards Received: \_\_\_\_\_

**University:** \_\_\_\_\_

Doctorate Type: \_\_\_\_\_

Field: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Honors or Awards Received: \_\_\_\_\_

Are you currently attending school? Yes No

If yes, please indicate schedule/number of hours earned/attending: \_\_\_\_\_

Degree Program Contact Name: \_\_\_\_\_

Institution Name and Address: \_\_\_\_\_

## INTERN APPLICATION

### REFERENCES

			( )
First / Last Name	Relationship	Address	Phone Number
			( )
First / Last Name	Relationship	Address	Phone Number
			( )
First / Last Name	Relationship	Address	Phone Number

***Please read and agree to the following terms by signing:***

*All information provided is true and accurate to the best of my knowledge.*

*I agree to attend any mandatory orientation and training sessions before I begin my internship at St PJ's.*

*I understand that St PJ's will conduct a criminal background check which is required by state licensing.*

*I agree to present a negative tuberculosis (TB) and drug/alcohol test before I become an intern at St PJ's.*

*I understand that it is my responsibility to report to my supervisor when I cannot make an agreed upon service time and that, at any point in time, my services can be dismissed.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

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**Purpose:** This form may be used to request background checks required by Texas Administrative Code (TAC) §745.615. Background check requests may also be submitted through DFPS's Child Care Provider website at [https://www.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care/ooFacilityLogin.asp](https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ooFacilityLogin.asp). See the chart below for instructions based on operation type for submitting background check requests.

IF	THEN
You are applying for a permit	You must send your background check request form along with your application to your local licensing office.
Your operation is a licensed child-care center, school-age program, before- or after-school program, or residential care provider	Your operation must submit background check requests via DFPS's Child Care Provider page, <a href="http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ooFacilityLogin.asp">www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ooFacilityLogin.asp</a> .
Your operation is a licensed child-care home, registered child-care home, or listed family home	Your operation may submit background check requests via DFPS's <a href="#">Child Care Provider</a> page, fax the background check form to 512-339-5871, or mail the background check form to: DFPS, Centralized Background Check Unit, P.O. Box 149030 Mail Code: 121-7 Austin TX 78714-9030.
You are an exempt operation submitting background check requests only	You may submit your background check requests to the following mailbox: <a href="mailto:CBCUExemgtBGC@dfps.state.tx.us">CBCUExemgtBGC@dfps.state.tx.us</a>

**Directions:** Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at [http://www.dfps.state.tx.us/Child\\_Care/Information\\_for\\_Providers/cclforms.asp](http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp).

### OPERATION INFORMATION

Operation Name: St. Peter - St. Joseph Children's Home	Operation Number:	Operation Telephone Number: (210) 533-1203
Operation Address: 919 Mission Road San Antonio, TX 78210	Operation Mailing Address: 919 Mission Road San Antonio, TX 78210	County: Bexar

### VERIFICATION SIGNATURES

I verified **(by reviewing the person's Social Security card or driver license)** that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that DFPS may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Printed Name of Director, Owner, or Operator:	Signature of Director, Owner, or Operator:  X	Date Signed:
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### PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy online at: [www.dfps.state.tx.us/policies/privacy.asp](http://www.dfps.state.tx.us/policies/privacy.asp).

**INDIVIDUAL'S IDENTIFYING INFORMATION**

<input checked="" type="radio"/> Initial	<input type="checkbox"/> 24 Month Check	<input checked="" type="radio"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinahouse
First Name:		Middle Name:	Last Name:
List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate result s:			
Other First Names:		Other Middle Names:	Other Last Names:
Street Address :		City:	State: Zip Code:
County:	Telephone Number: ( ) -	Date of Birth:	Gender: <input checked="" type="radio"/> Male <input checked="" type="radio"/> Female
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
Ethnicity (must accompany race): <input checked="" type="radio"/> Hispanic <input checked="" type="radio"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input checked="" type="radio"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Social Security Number:	Photo ID Type: <input checked="" type="radio"/> Driver License: Number : State: <input checked="" type="radio"/> State ID:	Date Hired or Used by the Ope ration or Agency:	
Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment: <input type="checkbox"/> Email: <input checked="" type="radio"/> Telephone Number: ( ) -			
Relationship of person to requester: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster Parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Admi nist rat or <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:			
For foster/adoptive homes only: Relationship between child/children to be placed and t he fost er/ adopt ive parent (s) or prospective foster/ adoptive parent(s) <input checked="" type="radio"/> Relative <input type="radio"/> Fictive Kin <input type="radio"/> Unrelated			
Will this person be paid or is this person currently paid by the operation in the role selected? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No			

**The following pages are additional Individual's Identifying Information sheets for use when submitting more than one individual's background check**

# THE ARCHDIOCESE OF SAN ANTONIO



Human Resources Office  
2718 West Woodlawn Avenue  
San Antonio, Texas 78228-5195  
Phone: (210) 734-2620 Fax: (210) 734-1919

## CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

*Please print as neatly as possible and fill out both sides. Illegible forms will be returned.*

Name: \_\_\_\_\_  
                    First  Middle  Last

Other names used: \_\_\_\_\_

Current address: \_\_\_\_\_  
  Street  City  State  Zip

List every city and state you have lived in the past 10 years:

\_\_\_\_\_  
\_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Other phone #: \_\_\_\_\_ Driver's license #: \_\_\_\_\_  
  State: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of Parish or Agency: St Peter-St Joseph Children's Home

Volunteer Position or Job Title *with St Peter-St Joseph Children's Home* :  
Intern

**FOR OFFICE USE ONLY:**

This individual is clear of criminal records \_\_\_\_\_

This individual is not clear of criminal records \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

## BACKGROUND INFORMATION

Have you ever been convicted of or pled no contest (nolo contendere) to a felony? Yes No

Felony Degree (if known): \_\_\_\_\_

State/County: \_\_\_\_\_ Date: \_\_\_\_\_

Explain: \_\_\_\_\_

Sentence/Fine: \_\_\_\_\_

Have you ever been convicted of or pled no contest (nolo contendere) to a misdemeanor? Yes No

Misdemeanor Class (if known): \_\_\_\_\_

State/County: \_\_\_\_\_ Date: \_\_\_\_\_

Explain: \_\_\_\_\_

Sentence/Fine: \_\_\_\_\_

*Conviction does not necessarily disqualify applicants from employment. However, unless proof of rehabilitation*

- A felony or misdemeanor classified as an offense against a person or family*
- A felony or misdemeanor classified as public indecency*
- A felony violation of any law intended to control the possession or distribution of any substance*

*(Source: Texas Department of Family and Protective Services, Child Care Standards and Regulations for Licensed Child Care Facilities)*

Have you ever had a complaint filed against you with the Department of Family and Protective Services in Texas or any other state? Yes No

State/County: \_\_\_\_\_ Date: \_\_\_\_\_

Explain: \_\_\_\_\_

Final result of complaint: \_\_\_\_\_



"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A  
LICENSED OPERATION OR REGISTERED CHILD-CARE HOME**

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF           Texas            
COUNTY OF           Bexar          

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

\_\_\_\_\_  
\_\_\_\_\_

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_

Signature of notary officer: \_\_\_\_\_  
(seal, if any, of notarial officer)

My commission expires: \_\_\_\_\_



# St. Peter-St. Joseph Children's Home

919 Mission Road, San Antonio, TX 78210

## Volunteer Agreement and Release from Liability

By signing this form, I understand and agree to the following terms and conditions related to volunteering my services to St. Peter-St. Joseph Children's Home. I am aware that this is a release of liability and I sign it of my own free will.

I recognize that, as a volunteer, I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization. *Please initial here: \_\_\_\_\_*

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors). *Please initial here: \_\_\_\_\_*

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Volunteers will not discuss or release ANY information nor will I take photographs regarding the children at St. PJ's Children's Home to ANYONE outside of the organization. This includes, but is not limited to the name, physical description, family history, story of abuse, or medical problems of any child at St. PJ's Children's Home. *The very fact that a child is cared for at St. PJ's Children's Home must be kept confidential. This means employees, consultants, volunteers, Interns, etc. shall not disclose any information about a person, including the fact that the person is at St. PJ's Children's Home, to anyone outside the organization.* *Please initial here: \_\_\_\_\_*

As a volunteer of St. PJ's Children's Home, I am aware of my responsibility to IMMEDIATELY report incidents, or suspected beliefs of abuse and/or neglect of children to the TDFPS Hotline at 1-800-252-6400 and to the volunteer coordinator. In accordance with state law, St. PJ's Children's Home reports information about abuse or neglect of children to the proper authorities. *Please initial here: \_\_\_\_\_*

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. *Please initial here: \_\_\_\_\_*

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. *Please initial here: \_\_\_\_\_*

I agree that my assignees, heirs, distributors, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release St. Peter-St. Joseph Children's Home from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. *Please initial here: \_\_\_\_\_*

I or parent/guardian of minor gives St. Peter – St Joseph Children's Home the unlimited authority to use and publish in any locality the film, recordings and/or photographs taken of me or minor in whole or in part and authorize use of my name in any form of advertising or publicity. I or parent/guardian of minor have fully read and understand the above and acknowledge this constitutes a full agreement between me and St. Peter – St Joseph Children's Home and its affiliates, and I will not receive any compensation for the foregoing in the future from St. Peter – St Joseph Children's Home or any other source. *Please initial here: \_\_\_\_\_*

I have carefully read this agreement and fully understand its contents.

Date: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Volunteer's Address: \_\_\_\_\_  
Street City Zip Code

Volunteer's Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Volunteer's Email: \_\_\_\_\_