



## Internship Application

Dear Perspective Intern,

Thank you for your interest in completing an internship with HALO, Inc.! We think your experience will be both satisfying and rewarding.

Every intern will spend his/her first week at the intake desk where you will get to know the shelter and each unique program in it. During this time you will complete several intakes in which you will learn about the struggles that cause someone to seek emergency public shelter. In the weeks that follow, you will be placed in an area of your interest and work directly with HALO Case Managers or Site Coordinators.

Please take time to read our mission, our vision, and our values statements. Also note that this is the Internship Application, If you are interested in becoming a VOLUNTEER and NOT an Intern, please fill out the **Volunteer Application**. Thank you again for your interest in HALO, Inc. We hope to hear from you soon!

### **Mission Statement**

The Homeless Assistance Leadership Organization (HALO) is committed to preventing chronic homelessness in Racine County by meeting shelter needs, coordinating supportive services and providing community leadership.

### **Vision Statement**

The vision for the Homeless Assistance Leader Organization (HALO) is that all homeless individuals and families in Racine County will be provided emergency food, clothing, shelter, transitional and permanent housing and supportive services through a collaborative structure that effectively coordinates services, shares information, increases funding and eliminates duplication and gaps in services.

### **Values Statement**

Our core values influence how we make decisions, interact with program participants and treat each other in the workplace. These core values are **Respect, Integrity, Stewardship, and Excellence (RISE)**.

**Respect:** We value and acknowledge the uniqueness of each person.

**Integrity:** We value honesty, compassion, responsibility and behaviors that build trust.

**Stewardship:** We value our human, financial and building resources and commit to taking responsibility for ethical and efficient use of those resources.

**Excellence:** We value quality in work performance and programs and are committed to assuring best practices.

These core values will help HALO **RISE** as an excellent organization striving to end homelessness and provide high quality programs and services for the homeless in Racine County.



**Internship Application**

APPLICANT INFORMATION					
Applicant name:		<input type="checkbox"/>	<input type="checkbox"/>	Internship applying for:	
Email Address:		Mr.	Miss	<input type="checkbox"/> Case Management <input type="checkbox"/> Operations <input type="checkbox"/> Life Skills <input type="checkbox"/> Direct Service <input type="checkbox"/> Unsure at this time <input type="checkbox"/> _____	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name? (Former name):		Birth date: / /	Age:    Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Cell Phone #.: (   )		Home Phone #.: (   )	
P.O. Box:	City:		State:		ZIP Code:
School:	Major:			Advisor phone #: (   )	
Occupation:	Employer:			Employer phone#: (   )	

How did you learn about HALO?

Advertisement    Friend    Walk-in    Relative    Professor    Other: \_\_\_\_\_

Why are you interested in interning at HALO, Inc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have previous experience in this field? When? Where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies, special interests, skills: \_\_\_\_\_

\_\_\_\_\_

**AREAS OF INTEREST (CHECK AS MANY THAT APPLY)**

**Emergency Shelter Operations** – HALO’s Emergency Shelter team runs the day-to-day operations at the shelter, including intakes and discharges, welcoming new participants, feeding and clothing, monitoring participants, and accepting donations.

**Single Men/Women’s Case Management** –Participants who enter the shelter with no dependent children are placed in our Single Men’s or Single Women’s Program. They are seen by their case manager within 3 days of their intake to shelter to create an Individual Success Plan. The participants set goals with their case manager and monitor progress toward those goals. Participants are referred to social services throughout Racine County by their case manager. The Case Managers rely heavily on communication and collaboration with other local social service agencies especially Workforce Development Center.

**Transitional Housing Program (THP)** – THP helps individuals transition from homelessness to housing stability with the support of case management services for up to 2 years. THP case managers conduct Individual Service Plans and House Inspections, budget monthly with all clients, and provide one-on-one support for their clients. THP has an AODA/Life Skills component that is offered to all THP participants. The program objective is to increase skills and increase income in order to achieve self-sufficiency.

**Family Program** – The Family Program encompasses many different projects all having to do with parents and children. All incoming participants with dependent children are placed in the Family Program where parenting skills improvement is a must! The Family Program case manager sets monthly parenting goals with each mother or father and checks in frequently to monitor progress. Clients who have children are given goals toward employment and education (for their children and themselves). During the school year an afterschool program is offered Monday –Friday where HALO’s Child Education Coordinator helps with homework, educational games, and various other academic activities with the children of HALO. During the summer, there is an enrichment program that combines learning and fun, offering a unique field trip at least once a week. This program is open to the general public as well.

**Other**, please state \_\_\_\_\_

Which of these programs are you interested in working with and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Please Note: Although your interests will be strongly considered, they do not grantee a spot in any one program.*

In order to ensure safety, a background check will be completed upon your submission of this application. Although we do not require drug screens, with reasonable suspicion, we may ask you to comply with a urine analysis. In the event that you refuse to be screened for illegal drugs, you will be dismissed from your internship.

**REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Occupation: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name of local friend or relative:	Relationship to applicant:	Home phone #: (    )	Work phone #: (    )
-----------------------------------	----------------------------	----------------------	----------------------

The information I have supplied throughout this application is true to the best of my knowledge.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**Once the application and background check have been processed, we will call you to schedule an interview at HALO. During this time we will also discuss your internship interests, availability, and how we can best meet each other's needs.**

Once again, HALO greatly appreciates your interest in interning. If you have any questions you may contact the Volunteer/Internship Coordinator, at 262-633-3235 ext 142.

Please submit this application to the Development Coordinator at:

HALO, Inc.  
2000 Dekoven Avenue  
Racine, WI. 53403



**Confidentiality and Disclosure Statement**

***Please read the following and sign below.***

I, \_\_\_\_\_, as an intern of HALO, agree to the following:

1. To uphold the agency's policy of confidentiality regarding the names and situations of people who call the agency in a crisis situation, reside in the shelter, and who receive services of any kind offered through HALO, Inc.
2. I understand that any violation of confidentiality seriously injures the program's reputation and effectiveness and may constitute cause for dismissal under certain circumstances.
3. I agree not to hold HALO, Inc. responsible should some mishap occur while I am volunteering my services.
4. I understand that my signature authorizes HALO to conduct whatever background checks the Board deems necessary. I also understand that the results will be held in confidence by HALO and be disclosed only to the appropriate staff members.
5. I consent to the possibility of being the subject of photos or news releases for publicity purposes and to the use of my name, likeness, voice or biography by HALO.
6. I understand that I am required to abide by all rules and regulations of HALO including the ones noted in the internship handbook.
7. I represent that I am genuinely interested in completing an internship at HALO, and I am making this application for no other purposes.

I certify that the information given on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian (if under 18)

\_\_\_\_\_  
Date