



**SCHENECTADY COMMUNITY MINISTRIES**

837 Albany Street  
Schenectady, NY 12307

*Mission Statement: Relating the resources of the congregations to the needs of the community.*

Acting Executive Director,  
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**SiCM SUMMER INTERNSHIP OVERVIEW & APPLICATION 2020**

**OVERVIEW of the Internship Program**

The purpose of the SiCM internship is to offer students experience working in the various SiCM programs. The internships enhance the experience of students, especially those interested in considering or pursuing human services, social welfare, education, faith-based, non-profit, and/or public health careers. SiCM's hiring priorities are: 1) older college students with experience; 2) college students; 3) high school students going into college.

SiCM summer interns are paid and work during the summer for 6 to 10 weeks; either full time (240 hours) or part time (150 hours). The pay rate is \$11.80 /hour. SiCM provides reimbursement for mileage used as part of the internship.

Individuals, Families and/or Congregations can support a number of positions. Internships are also available for those not related to or sponsored by a congregation.

All applicants should indicate their preference of placement. SiCM program staff will interview students and determine final placements of interns. **Application Deadline: April 30 or until positions are filled.**

**Required:** (1) participating in regular group meetings to share knowledge and reflect on their experience; (2) submitting a written piece at the conclusion of their internship, reflecting on their summer; (3) securing prior permission for any time away – the placements count on the intern and time away also limits the value of the internship.

**SiCM SUMMER INTERNSHIP APPLICATION Deadline: April 30, 2020**

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

School/College \_\_\_\_\_ Current Class Year \_\_\_\_\_

Faith Community (if any) i.e., name of Congregation, etc. \_\_\_\_\_

SiCM interns typically work up to 240 hours. Pay rate is \$11.80/hour.

I am interested in: full-time \_\_\_\_\_ part-time \_\_\_\_\_ either \_\_\_\_\_

I am interested in working in the following programs (**please rank in order of interest, 1 being highest**):

\_\_\_\_\_ Summer Meals Program

\_\_\_\_\_ Food Pantry \_\_\_\_\_ Community Garden

**Dates Available:** Dates \_\_\_\_\_ to \_\_\_\_\_

◆ How did you hear about SICM? \_\_\_\_\_

◆ If you have ever volunteered for SICM or know someone associated with SICM, please indicate:  
\_\_\_\_\_

◆ **Please attach a resume and include any paid or volunteer work experience.**

◆ Please indicate any skills you would like to share:

_____ Photography	_____ Artistic/Creative skills
_____ Office/clerical skills	_____ Gardening
_____ Organizational/business skills	_____ Working with children/recreation
_____ Computer skills, please specify software applications	_____
_____ I speak another language fluently	_____ What language?
_____ I have a driver's license	_____ I have regular access to transportation

◆ I am available for an interview \_\_\_\_\_ in person \_\_\_\_\_ by telephone only. When? \_\_\_\_\_ after school \_\_\_\_\_

◆ I can utilize this internship for college credit. \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please provide documentation necessary for SICM staff to complete. Participation in this will be determined on a case-by-case basis.

◆ Why would you like to participate in the SICM Summer Internship Program? Please attach separate sheet if necessary, but limit to one side.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ Please provide 2 references:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

How s/he knows me: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

How s/he knows me: \_\_\_\_\_

◆ Please read carefully before signing:

I will commit to this internship with the same responsibility and dependability I would demonstrate with any employment. I understand that the rate of pay is \$11.80 / hour. I understand I will be receiving an orientation to all SICM programs and will be trained for the program to which I will be assigned to work. I understand that I will receive work assignments from the supervisor of the assigned program. I understand that I will take part in periodic meetings to discuss assignments and reflect upon learning experiences. I understand that there is a written assignment as part of the internship, which must be submitted prior to the conclusion of the internship. I understand that any time I will not be available must be requested by the date of application.

Signature

Please PRINT Name

Date Signed

**Emergency Contact/Medical Information:**

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

Telephone: \_\_\_\_\_

Please indicate any allergies, including food: \_\_\_\_\_

Health Insurance Information: \_\_\_\_\_

Preferred Hospital in case of emergency: \_\_\_\_\_

Please submit completed form and resume to: SICM Internship Program, Mailing Address: PO Box 1049 Schenectady, NY 12301 or email sford@sicm.us. Any questions, please contact Shelly Ford @ 518-374-2683 ext 111.