



2021 SiCM

SUMMER INTERNSHIP

OVERVIEW & APPLICATION

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,
Jo-Anne Rafalik

Phone 518-374-2683

Email: LauraP@sicm.us

Website: www.sicm.us



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 \$12.50/hour. SiCM provides reimbursement for mileage used as part of the internship.

Individuals, corporations and faith groups can support a number of positions. Internships are also available for those not related to or sponsored by a faith group.

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, 2021

Name _____ Home phone _____ Date _____

Address _____ DOB _____

Email address _____ Cell Phone _____

School/College _____ Current Class Year _____

Faith Community (if any) i.e., name of group, etc. _____

SiCM interns typically work up to 240 hours. Pay rate is \$12.50/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 _____ Schenectady Urban Farms

Dates Available: Dates _____ to _____

ANY TIME YOU WILL NOT BE AVAILABLE MUST HAVE PRIOR APPROVAL, MAXIMUM TIME ALLOWED IS 1 WEEK.

◆ 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:

_____ Working with children/recreation	_____ Teaching skills
_____ Artistic/Creative skills	_____ Farming/Gardening
_____ Photography/Video skills	_____ Cooking
_____ 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 _____ on Zoom. 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/they know me: _____

2. Name: _____ Phone: _____ Email _____

How s/he/they know 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 \$12.50 / 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 LauraP@sicm.us. Any questions, please contact Laura Pinckney (518) 374-2683 ext. 103.	