



2022 SiCM

## INTERNSHIP PROGRAM

OVERVIEW & APPLICATION

### SCHENECTADY COMMUNITY MINISTRIES

837 Albany Street  
Schenectady, NY 12307

*Mission Statement: Relating the resources of the faith communities to the needs of Schenectady.*

Executive Director,  
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### 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 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 \$13.20/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 INTERNSHIP APPLICATION Deadline: April 30, 2022

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Email address \_\_\_\_\_ Home 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 \$13.20/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	_____ Farming/Gardening
_____ Photography/Video skills	_____
_____ 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. Date/time: \_\_\_\_\_ In person - date/time: \_\_\_\_\_

◆ I can utilize this internship for college/school/organization credit. \_\_\_yes \_\_\_no If yes, please provide documentation necessary for SiCM staff to complete.

◆ Why would you like to participate in the SiCM Internship Program? Please attach separate sheet if necessary.

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

◆ 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 \$13.20 / 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.