

**Johns Hopkins University Center for Social Concern**

**2018 Community Impact Internships Program (CIIP)**

**Intern Request Form**

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| --- | --- |
| Name of Organization: |  |
| Address: |  |
| Telephone: |  |
| Website: |  |
| Executive Director: |  |
| Executive Director’s Email: |  |
| Name of Site Supervisor for Community Impact Intern: |  |
| Site Supervisor’s Title: |  |
| Site Supervisor’s Telephone: |  |
| Site Supervisor’s Email: |  |
| Address where intern would be primarily located: |  |

1. What is your organization’s mission statement?
2. Does your organization require the intern to be background checked/fingerprinted prior to the start of the internship? **No** ☐ **Yes** ☐ If "yes", please provide your organization's CJIS authorization number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Note: The Center for Social Concern can pay for this expense. However, you must provide the CSC with the organization's CJIS authorization number to ensure the results are sent directly to the organization. The CSC will not receive or retain a copy of the intern's results. Contact Kelly Milo at kmilo1@jhu.edu with any additional questions.*

1. Will the intern need to complete any additional paperwork (e.g.-application, etc.) prior to the start of the internship? *Please attach if available.* **No** ☐ **Yes** ☐
2. Would the intern be in a position where they will care for, supervise, work with, or otherwise have access to or contact with children through your organization**? No ☐ Yes ☐**
3. The Community Impact Internships Program has ten areas of focus. What area(s) do you see this internship focusing on within your organization?

☐  Education/ Youth Programming and Advocacy ☐ Criminal Justice/ Law ☐ Community Arts Programs

☐ Healthcare/ Health Policy ☐ Homelessness/ Poverty ☐ Environment and Sustainability/ Food Access

☐ Neighborhood Improvement/ Community Organizing ☐ Immigration/ Refugee Services

☐ Women/ Family Wellness ☐ Nonprofit/ Government Management and Capacity Building

1. **Provide primary duties/responsibilities of the CIIP intern. If there is a preference for the student to focus on a specific program or project for the duration of their internship, please provide details here.**
2. **Preferred schedule – please list if there may be any evening/weekend requirements for the intern or times that they may be working unsupervised or individually away from your site.**
3. **Are there any specific skills or experiences that you would like** **the intern to have prior to their internship?**
4. **Would it be necessary that the intern have access to a personal vehicle for this internship?**
5. **How will the intern interact with community members through this internship?**
6. **How do you see this internship benefiting your organization?**
7. **From your perspective, what do you see as the key potential learning gains for the student?**

**Thank you for your interest in being a part of the Community Impact Internships Program.**

**Please submit this form by March 1, 2018.**

*Note: If your organization participates in the Community Impact Internships Program, you will be required to sign a Memorandum of Understanding with the Center for Social Concern and provide a certificate of insurance(s) as outlined in Section V. INSURANCE of the MOU.*

**Please see** [**http://www.csc.jhu.edu/CIIP/MOU%20Sample.pdf**](http://www.csc.jhu.edu/CIIP/MOU%20Sample.pdf)**for an example copy of a current MOU.**

If you have any questions or would like to discuss this program further,

please contact Eli Lopatin at: [elilopatin@jhu.edu](mailto:elilopatin@jhu.edu) or 410.516.4777.