



INTERNSHIP APPLICATION

APPLICATION INSTRUCTIONS

1. Please type (preferred) or print clearly your portion of the application. Fill out the entire application and be sure to sign the **Internship Agreement, Confidentiality Agreement, Release and Assumption of Risk Agreement, and Verification and Release**. Your application will not be processed unless application is complete.
2. Give the Reference Forms to a non-peer reference. This can be a supervisor, professor, co-worker etc. He or she should return the completed form to you in a sealed envelope.
3. **Enclose the completed application, the two reference forms and mail to the address listed below.**

**THE DEMAND PROJECT
ATTN: TDP INTERNSHIP PROGRAM
P.O. Box 1352
JENKS OK 74037**

4. Questions? Problems?

PHONE: 918-497-7715
EMAIL: VOLUNTEER@THEDEMANDPROJECT.ORG



Welcome to The Demand Project!

We are thankful you are interested in our organization and excited for you to join in our fight to end domestic human trafficking! Please take the time to carefully review the following application and requirements to find out if you would like to join our team as an intern. We know it takes a considerable time investment, a servant's heart, and hard work to combat one of the most pressing issues in our current times. But we would like to encourage you in your pursuit and tell you that it is worth it!

The Demand Project (TDP) internship program is open to undergraduate students with strong communication skills. The program offers a unique learning experience, opportunity for growth and develops a broad understanding of sexual exploitation of children, victims of trafficking, forced prostitution, online enticement, child pornography and public relations.

The internship will require that the intern has the availability to come into The Demand Project office a minimum of 2 days a week combined with working off site on supervised TDP projects for a minimum of 10 hrs per week. Upon completion of the required hours for your internship, you will be scheduled for a mandatory exit interview.

To be considered for this internship you must be at least a college sophomore. Your application packet must include all the items listed below.

Be sure to provide complete and accurate information to prevent any delays in the application process. Course credit is at the discretion of the student's home university.

We are so excited to welcome you to the TDP team! Please do not hesitate to contact us with any questions or concerns you may have. Let us know how we can support and encourage you in your commitment to our organization.

Your application packet must include the following:

- ___ Internship application form
- ___ Current résumé
- ___ Letters of recommendation (2 total)
- ___ Essay responses
- ___ Copy of class schedule for semester applying
- ___ Copy of driver's license or birth certificate



Application Form

Description: Interns will assist in numerous activities surrounding the mission of the organization. This includes but is not limited to: administrative assistance, writing, fundraising, assisting with major events, publicly representing the organization, researching relevant issues, etc. All interns are unpaid.

Attach photo here
(Optional)

Session Applying for: (Check one)

- Spring Summer Fall Vocational

Name: _____ D.O.B: _____
Address: _____ Home Phone: _____
_____ Cell Phone: _____
Email Address: _____

Please check all that apply:

GENERAL TASKS

- Making phone calls Walking into businesses Donation Procurement
 Speaking in front of people

ADMINISTRATIVE TASKS

- Graphic Design Technical Writing Editing Social Media
 Accounting Interpersonal Skills Public Relations Research
 Management Administration/Organization Creative Writing Event Coordinating

SPECIALTY TRAINING

- Trauma Counseling Security Social Work
 Legal Advocate Public Speaking Photography
 Drug/Alcohol Counseling Videographer Video/Media Editor



On a separate sheet of paper, please complete each of the following essay questions in 500 words or less.

- 1.) What attributes do you have that will aide you in being effective in the profession you choose?
- 2.) What are your future goals and why?
- 3.) What is human sex trafficking?
- 4.) What is the mission, vision, and strategy of the Demand Project?
- 5.) What obstacles do you think stand in the way of ending sex trafficking and how would you overcome them?

I swear, to the best of my knowledge, that all information contained herein is true and accurate.

Signature: _____ Today's Date: _____



Area of Interest

We have four amazing departments you can choose from to get started with us at The Demand Project!

- Prevention
- Prosecution
- Rescue
- Restoration

Within these four departments are different teams. We ask that you remain in one team of the department of your choice. However, your team may overlap with other teams at various times, and you may get to experience some of the duties of other teams or departments. We just know that it is easier for a volunteer to give his or her all in one area, rather than be stretched too far in different departments.

Please choose the top three areas you may be interested in.

Prevention Department	Prosecution Department	Rescue Department	Restoration Department
<ul style="list-style-type: none"> • Prayer Team • Awareness Team • Fundraising and Event Team • Marketing Team • National Ambassador Team 	<ul style="list-style-type: none"> • Cyber Team* • Legal Team* *Experience and skills required for these teams 	<ul style="list-style-type: none"> • Resource Directory Team • Crisis Center Team* • Certified Rescue Team* *Experience and skills required for these teams 	<ul style="list-style-type: none"> • Mount Arukah Short-Term Team* • Non-Residential Team* • Residential team* *Separate application needed in addition to current one for this department

Top 3 Areas of Interest and Reason for Choosing:

- 1.
- 2.
- 3.



Please mail your complete application to:
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P.O. BOX 1352
JENKS OK 74037

PERSONAL INFORMATION

MR. MISS MRS.

Full Name: _____ D.O.B.: _____

Address: _____ Marital Status: _____

Home Phone: _____ Email Address: _____

Cell Phone; _____

Please indicate
the best way to
communicate
with you:

Emergency Contact Information

Full Name: _____

Address: _____

Home Number: _____ Cell Number: _____

Citizenship

Are you a U.S. citizen? Yes No If no, please answer the following:

What country are you a citizen of? _____

Type and expiration date of Visa: _____

Educational Information

Name of school _____ School Phone Number _____

School Address _____ Internship Advisor _____

Degree Program _____ full time (at least 30 hrs/week)

part time (15 to 30 hrs/week)

If part time, what is your occupation? _____ Hours needed to Fulfill Course: _____



PLEASE ANSWER THE FOLLOWING QUESTIONS:

WHICH PROGRAM ARE YOU APPLYING FOR?

- Spring: (January – May 1)
- Summer: (June 1st – Aug 31st)
- Fall: (Sept 1st – Dec 31st)

1. How did you hear about The Demand Project? How did you get interested in the issue of human trafficking?

2. Why do you want to participate in this internship? Be specific.

3. List your skills, special talents, and experience that would be an asset for The Demand Project.

4. Is this your first internship or job experience? Please list past work and internship experiences?



HEALTH INFORMATION FORM

Full name: _____

Height: _____ Weight: _____

HEALTH INSURANCE

Are you covered by a major medical insurance policy? Yes No

Company: _____

Policy Number: _____ Phone: () _____

EMERGENCY CONTACT INFORMATION

Who shall we call in the event of an emergency (you must list three):

Name _____ Relationship _____ Phone: () _____

Name _____ Relationship _____ Phone: () _____

Name _____ Relationship _____ Phone: () _____

MEDICAL QUESTIONS

1. Do you have any physical conditions which may limit you, such as serious allergies requiring medication, back problems, limited mobility, extremely poor eyesight, hearing loss, etc.?
 Yes No If yes, please specify

2. Do you have any special dietary restrictions (vegetarian, diabetic, etc.)?
 Yes No If yes, please specify

3. Any other medical conditions you would like to mention?



INTERNSHIP COVENANT

Please sign your initials on the line to the left of each statement once you have read it. After you have completed reading the entire covenant, sign at the bottom and have your pastor or campus minister sign as well.

- ____ 1. As a part of this internship program for TDP, I will work under the leadership of the TDP staff, following the behavioral and safety guidelines they give me.

- ____ 2. I will be accountable to the staff of TDP during the internship.

- ____ 3. I understand that I may be removed from this internship program for failing in one of these areas at any time at the discretion of the TDP leadership.

- ____ 4. I understand that my college credit will be awarded upon the completion of the internship according to the leadership at TDP.

YOUR SIGNATURE

Date

Witness Signature

Date

Parent or legal guardian Signature *if under the age of 18*

Date

PROOF OF AGE IS REQUIRED WITH THIS FORM. PLEASE INCLUDE A PHOTOCOPY OF YOUR BIRTH CERTIFICATE OR DRIVER'S LICENSE. PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER 18 YEARS OF AGE BY THE DATE OF SIGNING ABOVE



RELEASE AND ASSUMPTION OF RISK AGREEMENT

I, _____, intend to participate in TDP internship. TDP is promoting this internship in cooperation with college campuses. My participation in this internship is entirely voluntary.

I voluntarily assume all risk to myself and my property (including the possible risk of accident, injury, illness, death, damage, loss, and destruction) arising from my travel and participation in this internship. I assume such risks regardless of their causes, which may include but are not limited to the failure to supervise any persons, traveling to and from the foreign country, U.S. departure site, foreign cities, and various personal/recreational ventures made on my own during the internship, and the negligence of third parties.

In consideration of TDP advocacy of this internship and their permitting my participation, I will not hold TDP or its trustees, officers, employees, ministers, or leaders liable in damages or any injuries I might sustain during the internship. I release, discharge, and forever hold harmless TDP and its trustees, officers, employees, ministers, or leaders, in both their individual and representative capacities as applicable, from any and all liabilities, claims, damages, physically or emotionally, or losses stemming from injury to person or property that arise from or in any way relate to my participation in this internship.

I have carefully read this Release and Assumption of Risk agreement and understand its contents. I voluntarily sign it and realize that it will bind me, my family, my heirs, and personal representatives.

YOUR SIGNATURE

Date

Parent or legal guardian Signature *if under the age of 18*

Date

PROOF OF AGE IS REQUIRED WITH THIS FORM. PLEASE INCLUDE A PHOTOCOPY OF YOUR BIRTH CERTIFICATE OR DRIVER'S LICENSE. PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER 18 YEARS OF AGE BY THE DATE OF SIGNING ABOVE



CONFIDENTIALITY AGREEMENT

Applies to all Demand Project board members; also including: employees, staff and other professionals; volunteers; agency, temporary personnel; and trainees, students, and interns.

It is the responsibility of all ***Demand Project*** members, as defined above, including employees, staff, students and volunteers, to preserve and protect confidential client, employee and business information.

The Federal Health Insurance Portability Accountability Act (the "Privacy Rule") governs the release of client identifiable information by health care providers. These laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the client or individual.

Protecting the confidentiality of trafficking victims is critical to protecting their safety and establishing trust.

Confidential Patient Care Information includes: Any individually identifiable information in possession or derived from a provider of care regarding a client's medical history, mental, or physical condition or treatment, as well as the clients and/or their family members records, test results, conversations, research records and financial information. (Note: this information is defined in the Privacy Rule as "protected health information.") Examples include, but are not limited to:

- Physical, medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Computerized client data and alphanumeric messages;
- Visual observation of clients receiving care or accessing services; and
- Verbal information provided by, to or about a patient.

Confidential Employee and Business Information includes, but is not limited to, the following:

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;



- Other such information obtained from the records which if disclosed, would constitute an unwarranted invasion of privacy of **The Demand Project**, its Officers, Board Members, Staff and Volunteers.
- Disclosure of Confidential business information that would cause harm to **The Demand Project**.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, client care records and any other information generated in connection with individual client care, risk management and/or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to **The Demand Project** and its affiliates, including business, employment and information relating to our clients, members, employees and health care providers.
3. I shall make no voluntary disclosure of any discussion, deliberations, client care records or any other client care, peer review or risk management information, except to persons authorized to receive it in the conduct of **The Demand Project** affairs.
4. **The Demand Project** performs audits and reviews client records in order to identify inappropriate access.
5. My obligation to safeguard client confidentiality continues after my termination of employment with **The Demand Project**.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that **The Demand Project** may, as applicable and as it deems appropriate, pursue disciplinary action up to and including my resignation or termination from **The Demand Project**.

Signature: _____ Today's Date: _____

Print Name _____



Verification and Release

Have you ever participated in, been accused, convicted, plead guilty or no contest to abuse or any misconduct? Yes No

If yes, please explain:

Have you ever been convicted of or plead guilty or no contest to any criminal offense of any kind? Yes No

If yes, please explain:

Are you aware of any traits or tendencies that you possess that could pose any threat to children or youth? Yes No

If yes, please explain:

I authorize The Demand Project to conduct a background inquiry that may include criminal records, public records, and personal references.

Yes No

Signature: _____ Date: _____



Please return this form to the applicant in a sealed envelope.

REFERENCE FORM

TO BE COMPLETED BY A NON PEER REFERENCE

APPLICANT NAME: _____

REFERENCE NAME: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Email Address: _____

In what capacity have you known the applicant? _____

How long have you known the applicant? _____ How well do you know the applicant? _____

Note: Because this reference is used for both acceptance and development, it is most valuable when filled out objectively. Please avoid the temptation to make the applicant appear perfect.

CIRCLE THE APPROPRIATE NUMBER ON EACH SCALE. CIRCLE N/A IF YOUR KNOWLEDGE IS INSUFFICIENT IN THAT AREA.

1 = excellent 2 = good 3 = average 4 = needs Improvement 5 = poor

Responsibility	<i>Faithfull carries out obligations</i>					N/A
	1	2	3	4	5	
Adaptability	<i>Adjust well to changes in circumstances</i>					NA
	1	2	3	4	5	
Perseverance	<i>Moves ahead in the face of adversity</i>					N/A
	1	2	3	4	5	
Personal Appearance and Manners	1	2	3	4	5	N/A
Cooperation and Teamwork	1	2	3	4	5	N/A
Communication	<i>Presents thoughts with clarity and logic</i>					N/A
	1	2	3	4	5	
Maturity	<i>Demonstrates maturity in position and responsibilities</i>					N/A
	1	2	3	4	5	



Emotional Stability *Responds well to stressful situations*

1 2 3 4 5 N/A

Sensitive to the needs and feelings of others

Sensitivity 1 2 3 4 5 N/A

Ability to take leadership roles and initiate leadership roles

Leadership 1 2 3 4 5 N/A

Begins conversations with ease

Initiating with others 1 2 3 4 5 N/A

Willingness to receive instruction and counsel

Teachability 1 2 3 4 5 N/A



PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. WHAT ARE THE APPLICANT'S GREATEST STRENGTHS?

2. WHAT AREAS NEED DEVELOPMENT OR ATTENTION?

3. DESCRIBE THE APPLICANT'S SOCIAL MATURITY (confidence and poise in interaction with others).

4. HOW DOES THIS APPLICANT RESPOND TO AUTHORITY?

5. WHAT TYPE OF LEADERSHIP HAS THE APPLICANT EXHIBITED? BE SPECIFIC. WHAT LEADERSHIP POTENTIAL DO YOU SEE IN HIM/HER?

6. DO YOU HAVE ANY RESERVATIONS ABOUT THIS PERSON PARTICIPATING IN AN INTERNSHIP?

7. PLEASE NOTE ANYTHING FURTHER ABOUT THE APPLICANT THAT WE SHOULD KNOW.



PLEASE RETURN THIS FORM
TO THE APPLICANT IN A
SEALED ENVELOPE.

I FIND THIS APPLICANT:

- Definitely well-suited for the internship – fully recommended
- A good candidate for the internship
- An average prospect with slight reservations
- Not suited for the internship

Signature: _____ Today's Date: _____