



## Intern Application 2010



After you have read the job requirements and description below, complete the attached application and Medical Release Form. Return both to:

Amplify Resources  
1776 Orleans St.  
Mandeville, LA 70448

**THE DEADLINE IS March 1, 2010**

### **JOB REQUIREMENTS**

1. Must be actively involved with a Peer Group in your church, school, or community.
2. Must have at least 2 years experience with Positive Action. Students with less than 2 years may submit an application but will only be considered if additional interns are needed.
3. Must turn in completed application on time. Applications will be reviewed in the order received.
4. Must attend six intern-training sessions plus a 3 day / 2 night retreat.

(A.)	Saturday April 3 <sup>rd</sup> 9am-Noon	Wednesday April 14 <sup>th</sup> 6pm-9pm
	Wednesday April 21 <sup>st</sup> 6pm-9pm	Saturday May 1 <sup>st</sup> 9am-Noon
	Saturday May 8 <sup>th</sup> 6pm-9pm	Saturday May 22 <sup>nd</sup> 9am-Noon
- (B.) **Intern Retreat:** June 2 - 4, 2010
5. Must complete a Medical Release Form.
6. Pay a fee of \$100 by June 2, 2010.

**If you are unable to fulfill all of the above requirements, please do not apply unless you have talked with Jeff Polito and/or Drew Lehmann about the conflict.**

### **JOB DESCRIPTION**

The PA Intern is responsible for:

- Serving on special committees at PA.
- Planning and facilitating daily group meetings at PA.
- Mediating conflicts within the group.
- Serving as a role-model for peers.
- Keeping regular intern duties, including supervising "lights out," attending meetings, and working with a small group.

If this seems like a lot of work, it is! But it's manageable if you plan ahead. The most important part of the job is attitude and willingness to give up personal time. You serve as a resource, an organizer, and a role model. Being an intern is one of the most rewarding jobs you can do at Positive Attitude/Positive Action.

# Positive Attitude/Positive Action 2010 Intern Application

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current School \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Number of years experience at PA: \_\_\_\_\_ What Year(s): \_\_\_\_\_

T-Shirt size: \_\_\_\_\_

**Indicate with a check mark the workshops you are available and would like to work:**

\_\_\_\_\_ Positive Action #1 June 12-16      \_\_\_\_\_ Positive Attitude #1 June 18-21

\_\_\_\_\_ Positive Attitude #2 July 6-9

\_\_\_\_\_  
*Parent/Guardian Signature*                      *Applicant's Signature*                      *Date*

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**MAIL completed application form, completed medical release form, and responses to  
the attached questions to:**

**Amplify Resources-PA Camp  
1776 Orleans St.  
Mandeville, LA 70448**

# Positive Attitude/Positive Action 2010

## Intern Application — (continued)

*Please answer the following questions on a separate sheet of paper. There are no right or wrong answers, only what is right or wrong for you. Please answer all questions in detail to the best of your ability. Type or print clearly.*

### Questionnaire for **New Interns** (If you have never been an intern before)

1. **What is your perception of the purpose of Positive Attitude/Positive Action?**
2. **What skills do you think you have gained from your experience at Positive Attitude/Positive Action? How have you utilized these skills in your everyday life? Be very specific.**
3. **Why do you want to be an intern? What do you hope to give and to gain from the experience?**
4. **What skills would you bring to the position?**
5. **What activities, jobs, etc. have you participated in that relate to this position?**
6. **What do you look forward to most about being an intern? Do you have any fears or concerns?**
7. **Do you have a person whom you would recommend as a PA Staff Member? Why do you think this person would be a good staff member?**
8. **Select one of the two quotes below and reflect on what it means to you.**

**"There are two ways of spreading light. Be the candle or the mirror that reflects it"**

**"A true test of a person's character is to see how they treat those who can do nothing for them"**

# Positive Attitude/Positive Action 2010

## Intern Application - (continued)

*Please answer the following questions on a separate sheet of paper. There are no right or wrong answers, only what is right or wrong for you. Please answer all questions in detail to the best of your ability. **Type or print clearly.***

### Questionnaire for **Returning Interns** (If you have previously been an intern)

1. **Why do you want to be an intern again?**
2. **What do you think your greatest strength as an intern was?**
3. **What do you think your greatest weakness as an intern was and how can you do better in this area this year?**
4. **What was the biggest thing that surprised you about being an intern?**
5. **Besides small group, what do you think is the best element of P.A.?**
6. **What areas of P.A. would you like to see improvements? How would you make the improvements?**
7. **Select one of the two quotes below and reflect on what it means to you.**

**"There are two ways of spreading light. Be the candle or the mirror that reflects it"**

**"A true test of a person's character is to see how they treat those who can do nothing for them"**

# Positive Action 2010 Medical Release and Authorization Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

**Please list an emergency contact to be called if parent can't be reached**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### Medical History

**List any medical condition that currently exists and any physical limitations the student may have. Is the participant under any special medical care or have special limits? If so, please explain.**

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**List all medications that the participant has with him/her (prescription or over-the-counter)**

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**Date of last Tetanus shot (if known)** \_\_\_\_\_

**Name of Insurance Company** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Policy Holder** \_\_\_\_\_

I affirm that the information given is complete and true to the best of my knowledge. I declare and consent to the authorization for medical treatment by a licensed practitioner. I acknowledge my legal responsibility for any treatment provided for the above-named person. I hereby waive all provisions of law regarding liability of PRIDE of St. Tammany for medical care and treatment which may be presented under this authorization. Signatures subject to verification.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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### Consent to Photograph

I hereby authorize and give full consent to PRIDE to copyright or publish all photographs, videotapes, and films in which I, the undersigned, appear while enrolled as a participant in any or all of their programs. I further agree that PRIDE may use these photographs and/or videotapes for exhibitions, public displays, publications, commercials, advertising purposes, and television programs without limitations or reservations.

**Participant Signature** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_