

KING GEORGE COUNTY DEPARTMENT OF SOCIAL SERVICES

Student Internship Program



OVERVIEW

The Objective

The King George Department of Social Services internship program offers students enrolled in an accredited college or university with direct experience in the fields of *Family Services* (Child Protective Services, Prevention, Permanency, Adult Services), *Benefits* (SNAP, Medicaid, TANF/VIEW), and *Administration* (Child Care, Children's Services Act, Office Management) in a Local Department of Social Services.

The Opportunity

- Program training sessions through the Virginia Learning Center
- Learn to interpret Local/State/Federal laws, policies, and regulations
- Perform routine casework activities under the direct supervision of an assigned caseworker/supervisor
- Conduct assessments, provide referrals, and coordinate services
- Gain experience in a courtroom
- Tailored internship plan to accommodate each student's academic requirements

Rationale

To generate workforce resources and enhance the technical skills available in the office, such as:

- Recruitment of future employees
- Establish relationships with local community colleges, colleges, and universities
- Enhance additional skills available to the agency (linguistic, technical, etc.)
- Promote a developing workforce of entry-level professionals
- Provide staff training and coaching opportunities

QUALIFICATIONS

- Enrolled in an academic program at an accredited Community College, College, or University
- Possess a valid Driver's License
- Successfully complete a Criminal and CPS Background Investigation
- 18+ years of age
- Deadline for Applications: *Fall Semester – July 1 Spring Semester – October 1*

For more information contact Jonathan Franklin, Director, jonathan.franklin@dss.virginia.gov.

KING GEORGE COUNTY DEPARTMENT OF SOCIAL SERVICES

Student Internship Program

Application



Application Date: _____

PERSONAL INFORMATION

Name: _____ Email: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Are you at least 18 years of age? Yes No

BACKGROUND VERIFICATION

Do you possess a valid Driver's License? Yes No

Have you ever been convicted of a Felony? Yes No Misdemeanor? Yes No

If yes, give dates and explain:

EDUCATION HISTORY

Name & Location of School	Dates Attended	Credits/Grade Completed	Area of Study

If you did not graduate from High School, do you have a GED? Yes No

Please list any certificates, licenses, or memberships that may be relevant to your application:

Do you have any specialized skills (e.g. bilingual, technical)?

|| EMPLOYMENT HISTORY

Are you currently employed? No Yes, Full-time Yes, Part time

Current Employer: _____ Title/Position: _____

Hours/Schedule: _____

Have you ever completed an internship before? Yes No

If yes, where and in what role? _____

|| REFERENCES

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

|| INTERNSHIP INFORMATION

Name of College/University: _____ Anticipated Graduation Date: _____

Area of Study: _____ Degree: _____

Please describe any specific requirements you have in order to receive credit for an internship:

King George County DSS is open weekdays from 8:00am – 4:30pm. Please provide your desired days and times of availability

Monday	Tuesday	Wednesday	Thursday	Friday

How did you hear about King George Department of Social Services Student Internship Program?

KGDSS Website Brochure Staff Member Friend/Colleague Other: _____

Areas of Interest/Skill:

<input type="checkbox"/> Child Care	<input type="checkbox"/> Teaching/Training/Tutoring	<input type="checkbox"/> Mechanical/Technical
<input type="checkbox"/> Clerical/Office Support	<input type="checkbox"/> Linguistic	<input type="checkbox"/> Fund-Raising
<input type="checkbox"/> Microsoft Suite	<input type="checkbox"/> Working with Youth	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Communication	<input type="checkbox"/> Working with Seniors	<input type="checkbox"/> Health Care
<input type="checkbox"/> Driving/Transporting	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Counseling/Mentoring	<input type="checkbox"/> Public Safety	

CERTIFICATION OF APPLICATION INFORMATION

I certify that the information I have provided to the previous questions is true and accurate, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading I will be subject to dismissal at any time. I agree that King George County Department of Social Services, its officials and employees are subject to immunity in the event of my dismissal and that I am not privileged to a grievance process.

Initials: _____

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

I authorize King George County Department of Social Services to conduct a background investigation in connection with my application for a student internship. This investigation may include information as to my criminal history, academic history, Department of Motor Vehicles record, present/past employers, professional references, and any other appropriate sources. Criminal & CPS background checks are required. Student interns will be required to submit to fingerprinting which will be forwarded to the Federal Bureau of Investigation. I authorize the release of any information that King George County Department of Social Services may request from the above sources. All information received by the Department will only be used in accordance with applicable law.

Initials: _____

Confidentiality Agreement

I, _____ (print name), hereby agree and affirm that as a student intern for King George County Department of Social Services ("KGDSS"), I have access to and work with confidential information concerning public assistance and other social services provided to or on behalf of individuals. I understand that it is unlawful to disclose directly or indirectly any confidential information I receive, except as may be permitted by law. I agree that I will hold confidential information in strict confidence and will only discuss or disclose confidential information in accordance with the protocols and guidelines for use of such information as instructed by KGDSS. I further understand and agree that my obligations under this Confidentiality Agreement shall continue in effect beyond the period of my student internship with the Department and that my obligations shall be binding upon me, my assigns, and other legal representatives. I understand that an unlawful disclosure of confidential information constitutes a Class 1 misdemeanor.

This Confidentiality Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia.

Initials: _____

Signature: _____ Date: _____

*Applications are to be submitted to King George County Department of Social Services by email to:
jonathan.franklin@dss.virginia.gov*

Deadline for Applicants: Fall Semester – July 1 Spring Semester – October 1