



Restoring Hope.  
Transforming Lives.

Dear Intern Applicant,

Thank you for your interest in Interning at Mercy Multiplied. Review, complete, and submit the below items to be considered for an internship<sup>1</sup> opportunity.

Understand that Mercy Multiplied does not accept internship/practicum applications for meeting the requirements for a Counseling or Marriage & Family Therapy master's degree.

Mercy Multiplied is unable to provide housing and transportation for Interns. Please keep this in mind if you do not live where you'd be Interning.

### **Application Requirements:**

1. Cover Letter
2. Intern Application
3. Resumé
4. Reference Letter x1

**Complete Application:** Please be sure to save the Application on your computer and save it frequently. Follow the prompts from within the PDF to electronically sign the Application. The Application can also be printed to add handwritten responses.

**Submit Application:** All Intern Applications are sent to Mercy Multiplied's Corporate Office, via email [volunteer@mercymultiplied.com](mailto:volunteer@mercymultiplied.com), even if you're wanting to intern in other Mercy Multiplied locations.

### **Application Review & Approval Process:**

**The below process will occur once you've submitted the Intern Application:**

1. Staff will review your Intern Application.
2. Staff will reach out to other Mercy Staff/Departments to assess the need of an Intern.
3. Once an Intern need is identified the Mercy Staff will contact the Applicant to schedule an interview<sup>2</sup>.
4. Once approved to move forward with an Internship, Mercy's Human Resources is notified and will complete background checks while the Applicant completes their required Fingerprinting<sup>3</sup>.
5. Once all the background checks are cleared the Applicant can begin the Internship.

Feel free to call if you have any questions at 615-831-6987, Monday-Friday from 8-5pm CST.

We look forward in working with you!

Thank you,

Mercy Multiplied Staff

<sup>1</sup> Mercy Multiplied internships are unpaid.

<sup>2</sup> Phone or in-person Interview

<sup>3</sup> Applicants are responsible for costs associated with fingerprinting/background checks.

# Mercy Multiplied: Intern Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about Mercy Multiplied?

- Counselor
- Graduate/Formal Resident
- Hospital: \_\_\_\_\_
- Internet
- Mercy Event: \_\_\_\_\_
- Nancy Alcorn – Saw on TV
- Nancy Alcorn - Spoke at Church
- Nancy Alcorn – Spoke at Conference
- Program or Facility: \_\_\_\_\_
- School: \_\_\_\_\_
- Social Media – Facebook
- Social Media – Instagram
- Social Media – Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## Employment

Occupation: \_\_\_\_\_

Job Responsibilities:

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

## Church Information

Name of Church: \_\_\_\_\_ Pastor Name: \_\_\_\_\_

Describe your church involvement:

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

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Prior History with Mercy Multiplied

Are you a Graduate or Former Resident of Mercy Multiplied?  Yes  No

Which Mercy Multiplied Home did you attend?

- Monroe Home
- Nashville Home
- Sacramento Home
- St. Louis Home

When did you enter the Home? \_\_\_\_\_

When did you exit the Home? \_\_\_\_\_

**IMPORTANT:** If yes, please contact Transitional Care at [transitionalcare@mercymultiplied.com](mailto:transitionalcare@mercymultiplied.com) to discuss your application prior to submission.

## Intern at a Mercy Multiplied Home

**Mercy Multiplied does not accept internship/practicum applications for meeting the requirements for a Counseling or Marriage & Family Therapy master's degree.**

**Internships that occur in a Mercy Multiplied Home are only accepted when working with the Home's Community Relations Manager assisting with Mercy Events, Donor & Community Relationships, etc.**

Which Mercy Multiplied location are you interested in:

- Monroe Community Relations Manager
- Nashville Community Relations Manager
- Sacramento Community Relations Manager
- St. Louis Community Relations Manager
- N/A

## Intern at Mercy Multiplied's Corporate Office

Are you interested in interning at Mercy's Corporate Office?  Yes  No  N/A

Please select your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice of departments you're interested in:

- |                    |                          |
|--------------------|--------------------------|
| _____ Accounting   | _____ Outreach           |
| _____ Treasury     | _____ Adoptions          |
| _____ Marketing    | _____ Intake             |
| _____ Development  | _____ Transitional Care  |
| _____ Mercy Events | _____ Program Data Entry |

## Education

Are you a full-time student?  Yes  No  N/A Expected Graduation Date: \_\_\_\_\_

## School Requirements

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Do you need internship hours as a school requirement?  Yes  No

If yes, please describe why you need internship hours?

\_\_\_\_\_

\_\_\_\_\_

How many total hours do you need? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

What is the name of your school? \_\_\_\_\_

What is your field of study? \_\_\_\_\_

Do you need to be supervised by a Mercy Multiplied Staff with specific licensing and/or education requirements<sup>4</sup>?

Yes  No

If yes, what is the requirement? \_\_\_\_\_

What is the name of your Field Coordinator/Professor: \_\_\_\_\_

What is your Field Coordinator/Professor E-mail: \_\_\_\_\_

What are the school's requirements for the Mercy Multiplied Staff who would supervise your Internship?

- |  |   |
|--|---|
| <input type="checkbox"/> Complete Field Profile            | <input type="checkbox"/> Weekly Time Sheets |
| <input type="checkbox"/> Complete Field Instructor Profile | <input type="checkbox"/> 1-2 Evaluations    |
| <input type="checkbox"/> Field Instructor Orientation      | <input type="checkbox"/> 1-2 Site Visits    |
| <input type="checkbox"/> Field Instructor's Resumé         | <input type="checkbox"/> Other: _____       |

## Intern Availability

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When can you start interning? \_\_\_\_\_

How long do you plan and/or desire to intern?  Week  Month  1-3 Months  3-6 Months  As Needed

Indicate the timeframes in which you're available to intern:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning: 8-11am</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon: 12-5pm</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Disclaimer:** Internship opportunities do not occur on the weekends.

<sup>4</sup> For example, BSW Interns must be supervised by MSW/MSSW Mercy Multiplied Staff.

## Reference Information

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Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Disclaimer:** The reference letter must be from a non-family member.

- I am giving my consent for Mercy Multiplied Staff to contact the above Reference as listed within The Intern Application.

**Supporting Documentation:** Please have the individual submit a Reference Letter via [volunteer@mercymultiplied.com](mailto:volunteer@mercymultiplied.com)

## Criminal Record Inquiry

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Have you ever been convicted of a felony, including a suspended sentence?  Yes  No

If yes, please describe:

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Have you ever been under investigation for any sexual offense?  Yes  No

If yes, please describe:

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Are you now or have you ever lived with someone who has been under investigation for any sexual offense?

Yes  No

If yes, please describe:

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Falsification of required information may subject the person to criminal prosecution.

It shall be unlawful for any person to falsify any information required on The Intern Application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information.

## Release Authorization for Background Investigation

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I hereby acknowledge that as a condition of my Intern Application with Mercy Multiplied the organization may conduct any or all of the following investigative measures in regard to my Intern Application:

1. Obtain and review any or all investigative records for the purpose of verifying the accuracy of criminal violation information contained on my application, including but not limited to various federal, state, and other agencies, and Sex Offender Registry background checks.
2. My signature below authorizes that information is to be shared from Tennessee Department of Children's Services or California Department of Social Services to Mercy Multiplied (if applicable).

Legal Name (First, Last, Middle): \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

Provide the addresses for previous residences in the last 10 years:

1<sup>st</sup> Address: \_\_\_\_\_

2<sup>nd</sup> Address: \_\_\_\_\_

3<sup>rd</sup> Address: \_\_\_\_\_

My signature below authorizes any and all the above investigative measures set out in items above.

Applicant Signature: \_\_\_\_\_

## Confidentiality Agreement

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Mercy Multiplied shall be required to hold in confidence all information related to ministry personnel, clients, personnel files, case files and the internal affairs of the ministry. Confidentiality is an integral part of the ministry and offers safety and privacy.

All board members, employees, volunteers/interns and contractors must sign a *Confidentiality Agreement* and exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Conversations in public places should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, board members, employees and volunteers/interns should be sensitive to the risk of inadvertent disclosure and should refrain from leaving confidential information on desks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons.

Any breach of confidentiality shall require disciplinary action up to and including termination of volunteering/interning.

At the end of a board member's term or upon the separation of an employee, volunteers/interns, or contractor, he/she will return all documents, papers, and other materials which may contain or be derived from confidential information and continue to observe the procedures protecting confidentiality.

All board members, employees, volunteers/interns and contractors must sign a *Confidentiality Agreement* honoring all ministry policies related to confidentiality.

Ministry personnel files and case records shall be housed in locked, fire-resistant files. Only authorized personnel shall have access to the files.

Information from ministry personnel files and client records shall never be shared without appropriate written authorization.

Information pertaining to ministry corporate operations shall never be shared without appropriate written authorization.

### **Confidentiality Infractions**

Infractions of the above agreements are defined as being of two types:

**Type 1 - Intentional & Serious:** This is when a staff member knowingly and deliberately commits a breach of confidentiality. The commitment of Type 1 infraction will result in a discussion of the infraction between the staff member and immediate supervisor and a written reprimand entered into the staff member's personnel records. A serious infraction could be considered grounds for dismissal.

**Type 2 - Unintentional & Moderate:** This is when by carelessness, forgetfulness, or poor judgment a staff member places in jeopardy the confidential record of the ministry or information regarding a client. The commitment of a Type 2 infraction will be discussed with the staff member by his/her immediate supervisor and noted in writing in the staff member's personnel file. Repeated commitment of the Type 2 infraction could be considered grounds for dismissal.

## Confidentiality Agreement (cont'd)

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As a Mercy Multiplied Intern, I agree to:

- ✓ Protect the privacy of Current Residents, Former Residents, and Donors. By signing this document, I am agreeing to keep **ALL** information about these individuals confidential.
- ✓ Prepare records carefully, being accurate and professional.
- ✓ Physically safeguard records and other confidential materials by guarding them.
- ✓ Release confidential information from records only with express written permission of the resident and her parents/guardians.
- ✓ Guard against informal violations of confidentiality by being very discrete about what I discuss both within and outside of the ministry.
- ✓ Seek access only to the records with which I am professionally involved.
- ✓ Continue to observe the procedures protecting confidentiality after termination of my employment or end of my term or assignment.

I have read and understand the Confidentiality Agreement as presented above and agree to adhere to the guidelines set forth.

Additionally, I am aware that certain information pertaining to internal matters of the ministry should be maintained confidential. Sharing about ministry policies, newsworthy issues, and other sensitive information should be done with concern for the welfare of the ministry and in accordance with the *Confidentiality Agreement*.

I realize that a breach of confidentiality may be considered an act of gross misconduct and is subject to disciplinary action.

Intern Applicant Signature: \_\_\_\_\_



## Non-Compete & Confidentiality Agreement

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The Non-Compete & Confidentiality Agreement is between Mercy Multiplied America (“MMA”) and \_\_\_\_\_ (“Intern”). MMA is dedicated to carrying out its mission to provide opportunities for young women to experience God’s unconditional love, forgiveness, and life-transforming power, through Biblical principles. In order to fulfill its stated mission, MMA relies on the generosity of its charitable donors. The parties agree that MMA’s relationship with its donors is dependent upon the trust and confidence that the donors place in MMA. Any breach of that trust and confidence could cause MMA irreparable harm. The Intern agrees and acknowledges, evidenced by the Intern’s signature below, that the Intern has had or shall have access to, or is aware of, certain confidential, restricted and/or proprietary information concerning MMA. The Intern hereby undertakes and agrees that the Intern has a duty to MMA to protect such information from use by or disclosure to third parties. The Intern agrees, during and after the term hereof, not to directly or indirectly, use, divulge, disclose or make accessible to any person, partnership, corporation, or other entity, or appropriate for the Volunteer’s own use, or the use of any other person, partnership, corporation or other entity, any information, data, figures, donor lists, fundraising strategies, including methods of using social media, tax records, information relating to MMA’s operations, concepts, services, personnel history, or accounting procedures concerning MMA that are not generally available to the public (“Confidential Information”). The Intern agrees to maintain all such Confidential Information in strictest confidence and acknowledges and agrees that such information shall remain the sole and absolute property of MMA, and that the Intern shall not maintain any personal copies thereof and all notes and summaries thereof prepared by either MM or the Intern shall be returned promptly to MMA.

By providing your signature on this Non-Compete & Confidentiality Agreement, acknowledge that if you violate the provisions of this Agreement by soliciting, then the Intern shall be liable to MM for any amount equal to the gross amount of charitable contributions received by MMA from the solicited donor during the previous 12 (month) period. The non-prevailing party in any dispute arising under this Agreement shall be obligated to pay all costs and expenses, including attorney’s fees, of the prevailing party.

The parties have had an opportunity to read and review this Agreement and to consult with an attorney, if so desired.

Intern Applicant Signature: \_\_\_\_\_

## Informed Consent

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While interning at Mercy Multiplied, understand everything you work on and/or discuss with Staff is confidential between Mercy Multiplied America, Mercy Multiplied International, and you.

The exceptions to confidentiality as follows:

If any of following is suspected by any Staff member at Mercy Multiplied, we are mandated, by law, to report this to the proper authorities.

1. Abuse - If you are a minor (under 18 years of age), and you are being abused in either a physical, mental, or sexual way, Mercy Multiplied is required by law to report it to the local Child Protection Agency. Also, if you know of a minor being abused, we are required to report this to the local Child Protection Agency.
2. Suicide - If you have definite plans of killing yourself, Mercy Multiplied is required to report this to the appropriate authorities.
3. Homicide - If you have plans of killing someone or know plans of someone killing or attempting to kill another person, including you, Mercy Multiplied is required by law to report this to the appropriate authorities.

**OR**

Due to licensing standards, intern records are able to be reviewed by the appointed licensing representative at any given time, unless the records are outside of the state's statute of limitations. This is required by Tennessee Department of Children's Services or California Department of Social Services to ensure compliance with all state regulations.

## Media Release Informed Consent

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Mercy Multiplied often takes photographs and/or videos/DVDs of events at the Home, Corporate, or at offsite locations. There may be an occasion in which as an Intern you may have the opportunity to be photographed and/or recorded.

**Review and sign the below *Media Release: Standard* if you're interested in participation.**

## Mercy Multiplied Media Release: Standard

I permit Mercy Multiplied as well as its parent companies, subsidiaries, assignees, and affiliated companies to record, own, publish, and republish information about me/my property and reproductions of my likeness and my voice and face for marketing and publicity purposes through any media.

I agree that the media footage may be edited and used, in whole or in part, in all media, including (but not limited to) marketing collateral; audio and video for social media outlets such as blogs, Twitter, Facebook and others; CD-ROMs; DVDs; Internet including the Mercy website, Vimeo, YouTube, and other video platforms; television, radio, and cable broadcasts; and for all other purposes in perpetuity throughout the world. I consent to the use of my name, likeness, voice, face, and biographical information in connection with the distribution and promotion of this media venue.

I expressly release Mercy Multiplied from any defamation and other claims I may have arising out of the above-described materials and hereby waive all rights to inspect and approve the finished product or its use. I acknowledge this release is firm and final and I sign this document to signify my agreement.

I allow Mercy to use the media in the way they choose.

I understand this release will expire upon written statements to Mercy Staff.

I have read this release, understand its contents and will keep a copy for my records.

Name	Signature of Individual	Date
E-mail	Phone	
Address		

Please check if you are a Mercy Multiplied Graduate or Former Resident.

**Staff Use Only:**

Media Release used for Specific Purpose: \_\_\_\_\_

**MARKETING STAFF:** (1) Scan/Save on Marketing Drive & (2) Scan/Email TC Manager  
**TC STAFF:** (1) Scan/Save on TC ETO & (2) Scan/Email Marketing Staff

Revised: 5/1/19





## Intern Questionnaire

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Why do you want to Intern at Mercy Multiplied?

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What specific skills and qualities would you bring as an Intern?

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What skills and/or knowledge do you hope to gain while interning at Mercy Multiplied?

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## Intern Application Consent

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By signing this Intern Application, I am stating that the information provided is true and correct to the best of my knowledge.

I agree to provide further information requested of me by Mercy Multiplied, and to work cooperatively with Mercy Multiplied toward an internship opportunity.

I agree to notify Mercy Multiplied if I wish to withdraw my Intern Application, or if the information contained herein changes significantly.

Intern Applicant Name: \_\_\_\_\_

Intern Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Submit Application:

Submit the below items via email to [volunteer@mercymultiplied.com](mailto:volunteer@mercymultiplied.com)

1. Cover Letter
2. Intern Application
3. Resumé
4. Reference Letter x1

**Disclaimer: All items must be submitted and approved in order to be considered for an Internship.**