

Internship Application Form

Please complete this application and attach any additional documents you wish to share (ie. resume, school requirements). E-mail your materials to Anne Slease, Director of Advocacy and Education at aslease@namide.org. Please note INTERN APPLICATION in the subject line.

Upon review of your application, you will be contacted via email regarding next steps.

Internship applications are accepted year round, however, please note the following due dates:

January 8, 2018 for SPRING Interviews and on-boarding will begin the week of January 22, 2018

April 30, 2018 for SUMMER Interviews and on-boarding will begin the week of May 14, 2018

August 6, 2018 for FALL Interviews and on-boarding will begin the week of August 20, 2018

Please indicate the Internship Term for which you are applying:

FALL 20__-20__ SPRING, 20__ SUMMER, 20__ OTHER (please specify) _____

How did you learn about this internship opportunity? _____

Name _____ **Date** _____

Mailing Address (including zip code) _____

Campus Address (if different) _____

E-mail _____ **Cell Phone** _____

Do we have permission to text you? Yes No

Preferred method of contact: email cell (phone call) cell (text)

In the unlikely event of an emergency, whom should we contact on your behalf?

Name of Emergency Contact _____

Relationship _____ **Phone** _____

Education

High School Graduate Yes No G.E.D. Highest Degree Attained _____

Are you currently a full time student? Yes No Part time? Yes No

School Presently Enrolled _____ Major _____

Expected Graduation Date _____ Career Interest(s) _____

Languages Spoken (Indicate degree of fluency) _____

Background Information (Optional) NAMI Delaware is an inclusive, welcoming non-profit organization that aims to reflect its diverse communities statewide. We do not discriminate and would not exclude you from serving as an intern based on any of the following information. We gather this data in an effort to best match outreach and advocacy opportunities as they arise, as well as to document statistics for grant-writing and other funding applications.

Your participation in this Background Information section is optional.

DOB ___/___/___ Gender _____ Family Member of a Veteran Yes No

Race/Ethnicity: African-American Caucasian Native American Latino Asian

Other, please specify _____

Is there any other way in which you identify? _____

NAMI Delaware’s mission is “to support, educate and advocate until there is a cure for severe and persistent mental illness.”

The National Alliance on Mental Illness in Delaware (NAMI Delaware) is a statewide organization of families, individuals with a diagnosed mental health condition, friends and professionals. Established in 1983, NAMI Delaware is dedicated to improving the quality of life for those affected by life-changing mental illnesses such as depression, bipolar disorder, schizophrenia, schizoaffective disorder, anxiety, PTSD, obsessive compulsive disorder and others. NAMI Delaware strives to reach all Delawareans whose lives have been affected by mental illness through various outreaches including education, support, advocacy, and housing. No previous affiliation with NAMI Delaware or experience with mental health is required for this internship. However, if you feel comfortable with disclosing this information, we would like to understand your background with mental health in order to support you throughout this internship.

Are you currently a NAMI Delaware member? Yes No

If no, would you be interested in a student membership? Yes No

A number of NAMI Delaware staff and volunteers have lived experience with mental illness. As a professional community dedicated to serving individuals and loved ones affected by mental illness, NAMI Delaware welcomes disclosing lived experience, if desired; however, it is not an expectation, nor is lived experience a requirement. If you would like to share any lived experience you may have, please check any that apply:

Self Spouse Friend Parent Child

Other, (please specify): _____ Mental Health is a career interest

Do you have any other lived experience or personal feelings regarding mental health that you’d like to share?

Do you need any special accommodations in order for this internship? Yes No

If yes, please specify _____

Do you have reliable transportation? Yes No If yes, specify: Car Bicycle

Public Transportation

Why do you want to be an intern at NAMI Delaware? _____

What, if any, are the internship requirements from your school? (Please attach any relevant documentation.)

Please identify one positive attribute you bring to this internship experience. _____

Please identify one area of growth you hope to strengthen during this internship experience. _____

Tell Us More about Your Interest & Experience

We would like to learn more about you so that, upon acceptance into the Internship Program, we may provide you with a meaningful internship experience while utilizing your natural strengths to forward the mission of NAMI Delaware.

Administrative Support Interests (Check all that apply)

- Filing Photocopying Organizing (labeling, sorting, etc.)
- Answering Phones Front Desk Reception

Technology Support Interests (Check all that apply)

- Data entry Website Management File Updating
- Social Media Management Internet Research
- Email System (updates) Create flyers, graphics, etc.
- Other interests (example, managing a YouTube Channel or podcast) _____

Outreach, Public Policy/Advocacy Support Interests (Check all that apply)

- Helpline (offering support and assistance to callers who need mental health information and services)
- Phone Outreach (returning calls, making follow up calls, notify members about issues like upcoming legislation affecting persons with mental illness, etc.)
- Follow proposed legislation during session, researching possible outcomes and reporting findings to staff
- Assist with communication via email and social media regarding mental health related public policy issues

Event and Program Support Interest (Check all that apply)

- Event Planning (assist with logistics like site selection, creating schedule, etc.)
- Content Planning (assist with creating and developing topics, recruiting speakers, researching content)
- Staff Outreach Booths at community fairs (assist with set up/break down, be an ambassador for NAMI Delaware by providing community with brochures on housing, programs, etc.)
- Meetings/Programs/Events (greeter, assist with set-up/break down, sell merchandise, etc.)
- Other, please specify _____

Resource Materials & Newsletter Interest (Check all that apply)

- Help to edit educational pamphlets or resource materials
- Help develop new resource material content for print or website publication
- Desktop publishing & typing Graphic design or Photo shop

Related Experience

Please share any previous experience or special interest you have with any of the items you selected on page 3.

Do you have anything additional to add or any questions for us?

Please let us know what days and times you are available (Specify what hours):

Sunday	_____ am/pm to _____ am/pm
Monday	_____ am/pm to _____ am/pm
Tuesday	_____ am/pm to _____ am/pm
Wednesday	_____ am/pm to _____ am/pm
Thursday	_____ am/pm to _____ am/pm
Friday	_____ am/pm to _____ am/pm
Saturday	_____ am/pm to _____ am/pm

Please let us know what date you are available to begin: _____

Please indicate any windows of time you are not available (ie. Spring Break or Summer Break)

Thank you for your interest in an internship with us. NAMI Delaware actively recruits, engages and serves members from every race, culture, ethnicity, age, religion, socio-economic status, sexual orientation, gender, gender identity and disability and does not discriminate in the requirements for membership, provision of service or support or in its policies or actions. We strive to support recruitment and retention of a diverse and inclusive membership and leadership. We are grateful for your interest in becoming part of the NAMI Delaware internship team. Please contact Anne Slease, Director of Advocacy and Education via email aslease@namide.org or by phone (302) 427-0787 ext. 125 with any questions.

For Office Use Only

Internship Applicant: _____ School: _____

Term: FALL SPRING SUMMER OTHER _____

Interview held on (date) _____ with (staff) _____

Internship Approved Yes No

Notes: _____

Recommended for Helpline Yes No

Start Date: _____ End Date: _____

Days/Times _____

Details added to Outlook Calendar by _____ on (date) _____

On-boarding Orientation Date: _____ To be conducted by _____

Helpline Training Date: _____ To be conducted by _____

Application Scanned and Electronically filed by _____ date: _____

Handbook Consent Form Signed and Electronically filed by _____ date: _____

Confidentiality Form Signed and Electronically filed by _____ date: _____

Photo Taken by _____ date _____

ID card issued: by _____ date: _____