



Working to End Domestic Violence

INTERNSHIP APPLICATION

Name: _____ Date: _____

Email Address (school & personal): _____

Date of Birth: ____/____/____

Pronouns: _____

School & Year: _____

Program/Major: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Alt Telephone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone: _____

I agree to a criminal background check

I agree to sign a confidentiality waiver

Internship Schedule

Begins: _____ / _____ / _____ Ends: _____ / _____ / _____

This internship requires a minimum of _____ hour's total

Number of hours you would like to intern each week?

_____ (minimum) _____ (maximum)

Availability:

DAY	MON	TUES	WED	THUR	FRI	SAT	SUN
TIME							

Prior volunteer/internship experience:

Internship goals/learning objectives? Skills you hope to practice:

Why did you choose Safe Voices and how did you hear about us:

Please submit this application with background check consent forms and confidentiality agreement to Alyssa Coyne, Volunteer & Intern Program Manager (acoyme@safevoices.org)



CONFIDENTIALITY STATEMENT

I, (Print Name) _____, a visitor, volunteer, intern or other individual at Safe Voices, understand and agree that any information viewed, disclosed or otherwise learned regarding shelter residents or individuals served is confidential and protected by state and/or other federal law.

I understand that if I disclose such information outside of Safe Voices, or in an inappropriate manner, I may be subject to disciplinary action, restricted from access, which may limit future involvement or services or I may be reported to the Maine State Department of Health and Human Services.

Signature: _____ Date: _____

Safe Voices Staff Signature: _____



Requesting Maine Child Abuse Record Researches

Thank you for registering. The required release form is attached.

Please DO NOT share this form with other agencies.

Changes to your contact information should be reported to us immediately.

For questions, or to report changes, call 1-800-452-1999 x2

Submit requests as follows:

- One authorization release per person, completed (no blanks) by the individual who is the subject of the search. The individual must be at least 18 years of age. Forms must be completed in ink. This release authorizes the search and disclosure regarding whether or not the individual has been substantiated by Maine DHHS as an abuser of a child. When substantiated history is evident, additional confidential information from the record regarding the nature of that involvement, including any statement or actions taken, will be provided. The fact that an individual has been involved should not be used as the sole reason to disqualify the applicant. The nature of the problems, the use of resources, and the outcome should be considered. *The individual should be directed to read this release form carefully.*

(Forms not properly filled out or signed manually cannot be processed.)

- The Code of Federal Regulations, that explain and clarify CAPTA, provides: "If a State chooses, it may authorize by statute disclosure to additional persons and agencies, as determined by the State, for the purpose of carrying out *background and/or employment-related screening of individuals who are or may be engaged in specified categories of (1) Child-related activities or employment; or (2) Activities or employment related to adults with intellectual disabilities.*
- Enclose a self-addressed postage paid envelope. For multiple requests, one envelope with total postage preferred.
- Enclose \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004). For multiple requests, one check for the total fees preferred. Only checks or money orders accepted. We do not accept cash, credit cards, pre-payments, nor do we bill. Fees cannot be reimbursed. When underpayment or overpayment is received, a corrected payment will be required before requests can be processed.
- Photo copy all requests and payments before mailing. Our office does not maintain or provide these records. It is the requesting agencies responsibility.
- Mail to: DHHS, OCFS
Attn: CPI Records Research
SHS 11, 2 Anthony Avenue
Augusta, ME 04333.

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 624-5553

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: 10

Elise Johansen
Safe Voices
P.O. Box 713
Auburn, ME 04212

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT →

Child Protective Intake 1-800-452-1999x2, TTY Users: Dial 711(Maine Relay)

Updated 2012



REMINDER Checklist

**Please use this checklist as a tool to avoid errors
when making Maine Child Abuse and Neglect Records Researches requests.**

Release form is the current 2019 version.

Release form includes the printed name, date of birth, address, other names known by, manual signature (NOT electronic), is dated within the last six months, and is legible.

A postage paid return envelope to the requesting Agency Address is enclosed.

A check/money order made payable to the "Treasurer State of Maine" for the fee(s) (\$15.00 per person) is enclosed. Note: It is helpful to write your agency number on the check.

The individual (s) you are requesting background screenings on are currently engaged in specified categories of (1) Child-related activities or employment; or (2) Activities or employment related to adults with intellectual disabilities.

Mail requests to: DHHS, OCFS
Attn: CPI Records Research
SHS 11, 2 Anthony Avenue
Augusta, ME 04333