

Dear Prospective Behavioral Health Clinical Intern,

Thank you for your interest in serving as an intern with Forge Evolution! Included are the expectations and responsibilities you will have while interning with Forge Evolution. We are committed to providing our clinical interns a diverse and culturally attuned and responsive care to our youth.

At Forge Evolution, we are dedicated to building better lives for our teens, regardless of the challenges they face. We offer a variety of programs and classes including Teen Court. We are now proudly offering additional services to our teens as they enter our program with therapeutic services.

Just like with Teen Court, our therapy services will continue to provide alternative options to repair harm and prevent future criminal behaviors, by providing therapy services we can now help individuals one on one in understanding themselves. We, at Forge Evolution, want to give every teen a chance to make the right choices and use their voice.

Forge Evolution also provides therapeutic services to those not involved in Teen Court. By offering services to our Forge Evolution clients, this allows us to provide prevention interventions and a safe space to communicate openly about their life challenges.

In therapy, they will get the benefits of understanding themselves and their choices while providing them a safe space to express their feelings, thoughts, and challenges freely. Thus, empowering them to make the changes they desire to better themselves.

Please sign the *Acknowledgment of Intern Requirements and Intern responsibilities and expectation*, complete the *Basic Information* form, *BHS Policy and Procedures* Form, the *Oath of Confidentiality*, *Permission for Press Release*, and the *Background Check Request*, and return all forms to the Forge Evolution office.

A background check conducted by an outside agency is **REQUIRED** for all individuals working or interning with Forge Evolution - Teen Court. Please fill out the **Criminal Records and Background Release Authorization** form at the end of this application and submit it to Forge Evolution. A fee of \$25.00 must be paid to Forge Evolution when you submit your application for your background check. PAY FEE BY CLICKING [HERE](#). *In addition, a urine analysis (UA) IS REQUIRED as part of the application process as part of Forge Evolution's drug/alcohol policy. **You are responsible for UA payment.***

Forge Evolution is a nonprofit 501(c)(3) organization that empowers youth and fosters resilient communities by inspiring accountability, empathy, and personal growth. The Teen Court Program is one of the pillar programs of Forge Evolution and provides a Restorative Practice alternative to regular court sentencing for first-time misdemeanor juvenile offenders. Although the Teen Court Program works in tandem with the Municipal Court system through Forge Evolution, the organization remains a locally based non-profit that relies on the community support to sustain its programs.

INTERN REQUIREMENTS AND RESPONSIBILITIES

Behavioral Health Clinical Interns Duties and Responsibilities

- Must be able to engage and provide direct therapy services to youth and families (if applicable) in the office and remotely via Zoom (if applicable).
- Independently maintain a weekly schedule
- Complete all case documentation (assessments, treatment plans, progress notes, communication notes, CPS/DHS reports, etc.) within 48 hours to be reviewed by supervisor.
- Demonstrate clinical competence by interacting with clients in an ethical, professional manner, and using supervision consultations as needed.
- Complete various administrative duties as necessary (scheduling clients, evaluations, data entry, etc.)
- Contribute & support all fundraising and events (if applicable).
- Engage in outreach opportunities (if applicable).
- Co-Facilitate in group therapy.
- Case Manage youth to provide a supportive network.
- Help assist and set up rooms for groups as needed.
- Assist in collecting data for statistical reporting on youth demographics.
- Maintain confidentiality and privacy right protocols.
- Additional duties as required.

Behavioral Health Clinical Interns Expectations

- Behavioral Health Clinical Interns Expectations
- Commitment to work through a non-bias lens.
- Interns are required to attend 1 hour of supervision each week.
- Interns may request additional supervision from their supervisor or other providers in the agency when needed.
- Interns are required to work at least a minimum of 15 hours per week (direct and indirect client care).
- Interns are to engage/co-facilitate a minimum of 4 hours of group therapy per month.
- Interns are expected to schedule evening appointments at least one day a week.
- Interns are to complete ____ hours for ____ months for their internships/practicum period.
- Interns are to keep all hours on a timecard system for supervisor to review monthly.
- Demonstrate integrity with all clinical tasks.
- Adheres to all confidentiality and HIPAA guidelines within the mental health field.
- Must dress appropriately in business casual.
- MUST SUBMIT TO & PASS A URINE ANALYSIS (UA). IN ADDITION, YOU MUST AGREE TO ABIDE BY FORGE EVOLUTION'S DRUG/ALCOHOL POLICY.
- MUST SUBMIT TO & PASS A CRIMINAL BACKGROUND CHECK
- MUST BE FINGERPRINTED ACCORDING TO MUNICIPAL COURT PROTOCOL

Other Trainings

- Shadow assessment, individual therapy, and group therapy.
- Training on our database in Journey.
- Staff training at least 1 per year.
- Mandated reporting training (if needed).
- Training with client health questionnaires/screening tools (if applicable).

Vacation and Leave

- Interns are entitled to 3 days off per semester.
- Interns are to communicate any sick leave, any emergencies including clients directly to supervisor immediately.
- When you are sick you must inform your site supervisor via phone and email for clients to be cancelled or rescheduled.

Supervision Expectations

- Come prepared with clinical case discussion.
- Present chart notes for review and approval.
- Direct observation of client care at least once.

*Please allow a minimum 2-week period for all necessary paperwork and procedures to be finalized before being approved for internship with **Forge Evolution Teen Court**.*

*For any further questions/concerns regarding internship eligibility, please contact
BHS@FORGEEVOLUTION.ORG*

ACKNOWLEDEMENT OF INTERN REQUIREMENTS: I have read and fully understand the basic requirements of an internship with Forge Evolution. Furthermore, I understand that in order to complete my internship with Forge Evolution, I will be required to work until the end of the semester - this will result in working more office hours than my school may require as part of my internship credit hours.

NAME

SIGNATURE

DATE

INTERN APPLICATION PROCESS

- INCLUDING BACKGROUND CHECK TO FORGE EVOLUTION WITH \$25.00 FEE
 - COMPLETE INTERN APPLICATION AND RETURN TO FORGE EVOLUTION
 - SCHEDULE INTERVIEW WITH FORGE EVOLUTION STAFF
 - SUBMIT TO URINE ANALYSIS (UA) THROUGH CONSPIRE - COLORADO SPRINGS
 - COMPLETE FINGERPRINT PROCESS
 - SUBMIT CLASS SCHEDULE
 - RECEIVE ACCEPTANCE EMAIL AND SEMESTER SCHEDULE
-



Colorado Springs
Teen Court

BEHAVIORAL HEALTH SERVICES INTERNSHIP APPLICATION BASIC INFORMATION

Today's Date: _____

FIRST NAME:

LAST NAME:

BIRTHDATE:

GENDER:

RACE/ETHNICITY (CHECK ALL THAT APPLY): ☐ AFRICAN AMERICAN ☐ ASIAN ☐ CAUCASIAN ☐ HISPANIC ☐ NATIVE AMERICAN ☐ OTHER

ADDRESS:

CITY:

STATE:

ZIP:

CELL PHONE #:

EMAIL ADDRESS:

SCHOOL EMAIL ADDRESS:

CURRENT SCHOOL REQUIRING INTERNSHIP:

MAJOR:

HOW MANY HOURS ARE YOU REQUIRED TO COMPLETE FOR YOUR INTERNSHIP?

HOW DID YOU HEAR ABOUT FORGE EVOLUTION?

WHAT SKILLS OR ADDITIONAL TRAININGS DO YOU HAVE THAT REALATE TO THE INTERNSHIP?

WHAT STRENGTHS WOULD YOU BRING TO THIS ORGANIZATION?

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

AUTHORIZATION

I want to apply to be an intern for Forge Evolution & the Teen Court Program. I understand that to assume this position, I must agree to undergo a criminal background check. I also understand my acceptance as an intern will be contingent upon the outcome of this criminal background check. I give my permission for Forge Evolution to request this background check, and I furthermore agree to release and hold harmless Forge Evolution, its officers, directors, and employees from any liability of any kind in connection with my being required to undergo a criminal background check, as well as from the outcome of such a background check.

SIGNATURE

DATE

BEHAVIORAL HEALTH SERVICES POLICY AND PROCEDURES

Policy and Procedure for Sick/ Time Off

As an Intern, if you are to call in sick to work, you must inform your supervisor of any sessions that would be scheduled for that day in order for those clients to be called and canceled. It is your responsibility upon returning to work to reschedule any missed sessions necessary.

As an Intern, if you request time off, you must discuss with your supervisor for approval. If sessions need to be canceled, it is your responsibility as an intern to cancel and reschedule the client prior to taking time off. Furthermore, if clients are going to need check-ins during your time off, you will need to coordinate with your supervisor to make sure your clients have coverage (i.e. suicidal ideations, self-harming).

Policy and Procedure on Intake/Access Process to Behavioral Medicine

At Forge Evolution, we currently have one Licensed Professional Counselor and do not have staff that is able to provide medications. Our Licensed Professional Counselor, will discuss the possibilities and options of clients who would benefit from medication and medication management. At that time, the client will be provided resources and referrals to local facilities that provide medication services only. The licensed therapist will obtain authorization to share information with medical providers and collaborate to provide continuity of care.

Policy and Procedure on Intake/Access Process if done through E.R.

Our Facility does not work within the Emergency Room, however, if a client is in need of emergency services, our policy is to immediately call 911 and get the client to an Emergency Room.

Policy and Procedure on Holds/Restraints

At Forge Evolution, during business hours at our facility 224 E. Kiowa Street, Colorado Springs, we currently have security services, Colorado Springs Marshalls and Colorado Springs Police Officers available in case of an emergency. Our behavioral health staff does not currently have credentials to place clients in holds/restraints. Our Licensed Professional Counselor is trained in verbal de-escalations. We are in the process of having our Licensed Professional Counselor be trained to execute hold and restraints in order to provide a safe environment for all our clients, until emergency agencies can arrive.

Policy and Procedure for Discharge Planning

At Forge Evolution, we have different avenues of which our clients enter therapy. Regardless of how an individual becomes a client, our discharge process remains the same. Clients who have completed or will complete their sessions by meeting their goals created at the beginning of services will participate in a termination session. Therapist will then complete a discharge summary and review client's goals. Therapist will provide additional resources for client to use in the future as well as provide client with therapist card in case client needs additional services in the future as needed.

Policy and Procedure for Clients under the Influence

If a client or parent shows up and appears under the influence, the session will immediately be canceled and safety protocols will be put into place. A UA (urine analysis) can be ordered for the client if they are in the Teen Court program. If this is a repeat situation, the therapy partnership may be terminated and the court will be notified, if applicable.

Policy and Procedure for Safety Plan

If a client presents with suicidal thoughts, plans, means, or intent- you are to immediately contact your supervisor to provide a thorough assessment to determine client's immediate need. If a client is endorsing suicidal thoughts and no plans, means or intent, you will continue to contact the supervisor to review client's need. Once the determination is made, a safety plan will be implemented with Therapist, client and family. Supervisor will then review the safety plan and provide additional assistance as needed. If a client presents with homicidal ideations a supervisor will be contacted immediately to follow up with a thorough assessment. The supervisor will then discuss following steps to be implemented in individual sessions with the client.

Policy and Procedure for Mandatory Reporting

At Forge Evolution, we are all mandatory reporters. If you have not completed the mandatory, reporting training please let your supervisor know so you can be properly trained. Furthermore, if a situation arises where a report is to be made, you are to contact your supervisor to discuss the situation and determine the steps to follow.

Policy and Procedure for Walking with Clients

If a client is struggling and walking with the client would be therapeutically beneficial to the client, then you must discuss the client's situation and review the need with the supervisor. If it is determined therapeutic for the client, then you are to walk solely around the building with the client and to document in the notes and indicate on your calendar for the supervisor to be aware of your location.

Policy and Procedures for Therapy at School

There may be circumstances that arise that require therapy to be implemented at the school. This is a case-by-case situation and needs to be discussed with the supervisor prior to making arrangements. If it is determined that the school is the best place for therapy an agreement with school is required as well as documentation in the notes. Furthermore, it will need to be indicated on your calendar where your location will be.

POLICY AND PROCEDURES ACKNOWLEDGEMENT

I have read and understand the Forge Evolution's Behavioral Services Policies and Procedures

(PRINT NAME)

(DATE)

(SIGNATURE)

(SUPERVISOR SIGNATURE)

(DATE)

PROFESSIONAL APPEARANCE IN OFFICE

As representatives of Forge Evolution and *professionals working in the courthouse*, it's essential that we present ourselves in a way that reflects our commitment to being positive remodels to our youth. This helps set a strong, positive example for the youth who volunteer with us and those participating in our programs.

During normal business hours and classes, it is expected that you dress in business casual attire and ensure your hair and personal hygiene are well-maintained.

Please review the standards below

Adherence to our standards

- Hair: Clean, neatly styled, and not obstructing vision or posing a safety hazard.
- Nails: Clean, neatly trimmed, and not excessively long.
- Facial Hair: Well-maintained and groomed, with specific length restrictions in some cases.
- Hygiene: Regular showering, deodorant use, and attention to oral hygiene.
- Fragrances: Use of perfumes and colognes should be minimal and not offensive to others.

By signing, I agree that I have read the Forge Evolution Professional Appearance In Office Policy and agree to uphold the standards outlined above

NAME (PRINTED)

SIGNATURE

DATE

RELEASE

Authorization to reproduce physical likeness

As a volunteer with **Forge Evolution Teen Court**, I understand that photographs, video recordings, and/or recordings may be taken of me during my participation in program activities or events.

By signing this release, I hereby grant Forge Evolution Teen Court, its employees, agents, and authorized representatives the unrestricted right to: photograph or video record me; record my voice, statements, or performance; use these images and recordings in whole or part, for promotional, educational, or informational purposes including but not limited to - social media and website content, printed materials and brochures, media coverage, fundraising and community outreach, and public presentations or publications.

Please review the release statement below and indicate your permission by signing and dating the form.

I understand that my image and/or voice may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the final product or any written copy that may accompany it.

I understand that I will not receive any compensation for the use of these materials.

This release is granted freely and voluntarily, and I understand that I may revoke my permission in writing at any time. Revocation will not affect any materials created or published prior to the date of revocation.

NAME (PRINTED)

SIGNATURE

DATE

OATH OF CONFIDENTIALITY

I hereby affirm that

- I understand the confidential nature of information, including but not limited to files and records, that I receive from Forge Evolution.
- I will not make copies of files and records or allow others to have access to the files and records without consent of an employee or director of Forge Evolution.
- I will not distribute or use any confidential information which comes to my knowledge in the course of my involvement in Forge Evolution.
- I will return to Forge Evolution all files and records after completion of the program in which I am involved.

*By signing, I agree that I have read the **Forge Evolution** Oath of Confidentiality and will uphold the requirements provided herein.*

NAME (PRINTED)

SIGNATURE

DATE



Colorado Springs
Teen Court

CRIMINAL RECORDS and BACKGROUND RELEASE AUTHORIZATION and DISCLOSURE

PLEASE TYPE OR PRINT CLEARLY

I, first name middle name last name (please include Jr., Sr., II, III)

understand that in conjunction with my application for volunteering with Forge Evolution, work to be performed under contract, promotion, volunteer position, reassignment; this company will use the services of an outside agency to research and verify the information I have provided on my application for volunteering including my personal background, character, professional standing, work history, and qualifications. A written report of all findings will be provided to Forge Evolution. The administration use Conspire! and VeriCorp as an agent to perform its Employment/Volunteer-related background investigations.

Conspire! and VeriCorp will utilize various sources of information it seems appropriate including but limited to: criminal records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, licensing authorities, state and federal sanctioning authorities, professional and person references and workers' compensation records including any and all information including but not limited to the above Forge Evolution

Law enforcement agencies and other entities for positive identification purposes, require the following when checking public records. It is confidential and will not be used for any other purposes. **PLEASE PRINT CLEARLY.**

COST OF APPLICATION FEE: \$25.00 (cash/check/credit/debit)

FORGE EVOLUTION WILL PROCESS YOUR BACKGROUND CHECK THROUGH AN OUTSIDE AGENCY. THE \$25.00 FEE SHOULD BE GIVEN TO FORGE EVOLUTION STAFF ALONG WITH THE ADULT VOLUNTEER APPLICATION. THIS REPORT WILL REVIEW COLORADO CRIMINAL HISTORY AND THE FEDERAL SEX OFFENDER REGISTRY.

FIRST NAME	MIDDLE NAME	LAST NAME	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
EMAIL ADDRESS	DRIVER LICENSE NUMBER	STATE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)	GENDER	RACE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Alias/Maiden/Previous Name(s) - use the back of this form if more space is needed

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List all addresses including current address, for the past 4 years - use the back of this form if more space is needed

ADDRESS, CITY, STATE	ZIP	COUNTY	DATE FROM	DATE TO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT SIGNATURE: _____

DATE: _____