



Howard County

Office on Aging and Independence



INTERNSHIP PROGRAM

INFORMATION PACKET

www.howardcountymd.gov/aging



@HoCoCommunity

Internship Program

Howard County Office on Aging is committed to providing internship opportunities for students who are enrolled in an educational program sponsored by a college or university for which the students are eligible to receive college credit and/or gain practical experience from the internship.

Purpose of the Internship Program

- To provide students with real work experience that is challenging and relevant to their field of study
- To formally explore various components of public service aimed at promoting independence for older adults and community members with disabilities
- To offer students the opportunity to explore and practice in community-based settings while learning from experienced public servants
- To help young professionals discover their areas of greatest interest within their fields
- To assist students in becoming a professional, capable of acquiring a position in their respective field through practical, hands-on experience
- To offer students the opportunity to get to know and give back to their community while learning



“The best thing a human being can do is to help another human being know more.”

— Charlie Munger

Internship Goal

- Help students obtain real-world experience applying their unique skillsets while being directly involved with the Howard County older adult community
- Support Howard County Office on Aging and Independence in achieving their mission of ensuring all adults have the resources they need to grow, thrive, and live with dignity

Types of Internships May Include

- Social Work
- Nutrition
- Exercise Science
- Occupational Therapy
- Public Health Services
- Direct Care Services
- Administrative Support Services
- Communications and Outreach

Internship Program

Internship Information & Application Process

The Howard County Office on Aging & Independence internships are available throughout the year. The length of the internship may vary. A probationary period of the first two weeks will be instituted, in which the OAI Supervisor reserves the right to dismiss an intern if it is determined that the intern is not adequately prepared to perform the functions required of the internship.

Minimum Requirements

- Be at least 18 years of age
- Have a designated sponsor from the college or university sponsoring the internship
- Be currently enrolled in a degree candidate program and be in good standing
- Must sign and submit the "Application for Student Volunteer Experience" (RM-5 Form) and "Howard County College Internship Memorandum of Understanding" (RM-6 Form) prior to beginning the internship assignment
- Complete a criminal background check
- Provide own transportation to and from internship sites

Site visit and interview may be required

Required Documents

- Application for Student Volunteer Experience (RM-5) Form
- Howard County College Internship Memorandum of Understanding (RM-6 Form)
- University or college agreement forms and/or documentation (forms requiring County signature must be submitted to the Risk Management Office before signing)
- A satisfactory criminal background check is required – online process
- Cover letter and resume
- Copy of a government-issued identification card

Compensation

Intern positions are non-paid positions. OAI does not offer or approve any payment for internships or intern activity, including stipends, reimbursement for meals, or wages.

READY TO SEND YOUR COMPLETED MATERIALS?

Email or mail to:

cshilling@howardcountymd.gov or Attn:
CLP Program Manager, 9830 Patuxent
Woods Drive, Columbia, MD 21406

An intern may not begin the internship until all required paperwork has been completed and sent to the above address and satisfactory background check results have been received by the Office.

Questions?

Please call 410-313-6446 for any additional information and/or questions.



APPLICATION FOR STUDENT VOLUNTEER EXPERIENCE

Please type or print:

Applicant Information:

Name: _____ Date: _____

Address: _____

_____ Zip Code: _____

Phone: (Day) _____ (Evening) _____

Date of Birth: _____

Major Course of Study: _____

Requested Assignment/Sphere of Interest: _____

Emergency Contact Information: (List two contacts)

Name: _____

Phone: (Day) _____ (Evening) _____

Name: _____

Phone: (Day) _____ (Evening) _____

Name and Address of Sponsoring Educational Institution:

Contact information for instructor under whose supervision the activity is being performed:

Name: _____

Phone: (Day) _____ (Evening) _____

Waiver and Release:

I understand that there are inherent dangers in any workplace activity or program. I hereby release and hold harmless Howard County, Maryland, its officials, agents and employees from all liability or obligation arising from, or in connection with, activities related to the unpaid work experience.*

Signature of Applicant: _____ **Date:** _____

Signature of Parent or Guardian (if Applicant is under 18 years of age):

I hereby consent to my child's participation in the unpaid work experience and agree to the terms of this Waiver and Release on behalf of myself and my child.

_____ **Date:** _____

* Waiver does not apply to statutory workers' compensation benefits for eligible high school students.

If special accommodations are requested, please contact the County agency handling this Application or TTY(410) 313-6401

FORM RM-5 (6/2004) DISTRIBUTION: __ (Original) Dept. File __ (Yellow) Intern __ (Pink) Risk Mgmt __ (Gold) CAO

Application for Student Volunteer Experience

SUMMARY OF ACTIVITY

(To be Completed by Howard County Supervisor on original Application page only.)

Name of Student: _____

Date(s) of Service: Beginning Date: _____

Ending Date: _____

Assignment
Description:

Supervisor:

Name: _____

Dept./Division: _____

Telephone: _____



OFFICE ON AGING AND INDEPENDENCE

HOWARD COUNTY DEPARTMENT OF COMMUNITY RESOURCES AND SERVICES

9830 Patuxent Woods Drive ■ Columbia, Maryland 21046 ■ 410-313-6410 voice/relay

aging@howardcountymd.gov

FAX 410-313-6540

**HOWARD COUNTY INTERNSHIP PROGRAM
MEMORANDUM OF UNDERSTANDING**

I _____, have requested and been granted the opportunity to serve an internship with **Howard County, Maryland ("County")** in its Department of Community Resources and Services. In accepting this opportunity, I understand and acknowledge the following:

1. I am being given this opportunity as a result of my representations that I am enrolled in a bona fide educational program sponsored by a college or university through which I may receive college credit for my internship with the County, and that this internship will provide me with practical experience in furtherance of my formal education and training.
2. I am not entitled to wages for the time I spend in this internship.
3. I will not, as a result of this internship, be entitled to a job with the County at the conclusion of the internship, or at the conclusion of my formal training, and will receive no preference in hiring should I hereafter seek a position of employment with the County.

I also have read, understood and agree to the following:

1. As an intern, I am not covered by Worker's Compensation. Therefore, the County encourages me to carry my own health insurance and I release and hold the County harmless for any injury sustained in the performance of my internship duties unless caused by the sole negligence of the County.
2. The County is not liable for any damage I might cause to third parties, except when I am acting as directed, within the scope of my authority and duties as an intern. If commercial liability and/or professional liability insurance is maintained by the intern or sponsoring educational institution for the purpose of providing coverage to the intern, such insurance shall be primary in responding to any and all third-party claims.
3. Howard County assumes no liability for damage to my personal property or for accidents occurring if I use my own vehicle for any internship activity. My own auto insurance will apply to all accidents involving my vehicle.

Intern Signature

Date

Supervisor Signature

Date

Administrator Signature

Date

Department Head Signature

Date