



Catholic Charities of Central Colorado Announcement of Open Position

Position Title: Counselor

Department: Life Connections

Date Open: January 20, 2012

Closing Date: Until filled

Summary of Position Duties: To provide counseling support services to individuals and family members of all faiths. To provide counseling to those experiencing an unplanned pregnancy and to those seeking relinquishment of parental rights. To provide home studies and post placement services for foster/adoptive families. To provide educational programs targeted at parents, children and adolescents.

Minimum Qualifications:

Education: Master's Degree in Counseling, Social Work or related behavioral science field; or Bachelor's Degree in social or behavioral sciences. Master's Degree preferred. State Licensed and SAFE trained a plus.

Experience: Master's Degree with two years' experience or five years' experience with Bachelor's degree. Child placement agency and counseling experience preferred. A strong pro-life orientation is expected.

Other: Background checks, transcripts, SAFE certification, and on-call rotation required.

Minimum Hiring Range: DOE

Additional Information:

- Extensive knowledge of individual human dynamics, family systems and techniques of intervention.
- Knowledge of issues surrounding foster care and adoption, including grief and loss.
- Experience conducting client interviews and assessments, including Home Studies.
- Knowledge of legislation and regulations affecting child placement agencies.
- Management and organizational skills to include word processing and database software.
- Excellent communication skills, both written and verbal and to include public speaking abilities.
- Experience facilitating client groups/educational programs.
- Knowledge of community resources and ability to work cooperatively with other agencies.
- Demonstrated responsiveness and sensitivity to cultural differences.
- Ability to establish, foster and maintain effective working relations with a broad variety of groups.
- Ability to empower and motivate people and to advocate within the social and legal systems for clients.
- Emotional stability to assist persons in intense emotional situations and confront difficult client behaviors
- Bilingual – English/Spanish a plus.

Applications and a job description are available online at www.ccharitiescc.org. **Applicants are asked to submit a cover letter and resume with the application** to Human Resources Department, Catholic Charities of Central Colorado, 228 North Cascade Avenue, Colorado Springs, CO 80903.

It is the policy of Catholic Charities to staff positions with the best qualified people regardless of race, color, national origin, age, gender, disability or veteran status. In addition, policies that affect employees will be carried out without regard for these factors.

Counselor Applicants Only*

Areas of Specialty

Name _____

Last	First	Middle Initial
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Training and Expertise (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Adolescent Therapy
<input type="checkbox"/> Adoption Issues
<input type="checkbox"/> Alcohol/Drug Abuse
<input type="checkbox"/> Anger Management
<input type="checkbox"/> Autism/PDD
<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Brief Therapy
<input type="checkbox"/> Career
<input type="checkbox"/> Child/Physical Abuse
<input type="checkbox"/> Child Therapy
<input type="checkbox"/> Christian Counseling
<input type="checkbox"/> Chronic Pain
<input type="checkbox"/> Codependency
<input type="checkbox"/> Cognitive Behavioral Therapy
<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Conjoint Family Therapy | <input type="checkbox"/> Couples/Marital Therapy
<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Depression
<input type="checkbox"/> Disabilities
<input type="checkbox"/> Divorce Recovery
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> EMDR
<input type="checkbox"/> Grief/Loss Issues
<input type="checkbox"/> Incest Counseling
<input type="checkbox"/> Learning Disabilities
<input type="checkbox"/> Men's Issues
<input type="checkbox"/> Obsessive Compulsive D/O
<input type="checkbox"/> Panic Disorders
<input type="checkbox"/> Parenting Skills/Issues
<input type="checkbox"/> Personality Disorders
<input type="checkbox"/> Phobias | <input type="checkbox"/> Play Therapy
<input type="checkbox"/> Post-Abortion
<input type="checkbox"/> Post-Partum Depression
<input type="checkbox"/> Post-Traumatic Stress
<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Pre-Marital
<input type="checkbox"/> Psychological Testing
<input type="checkbox"/> Psychotic Disorders
<input type="checkbox"/> Severely Disturbed Child/Adolescent
<input type="checkbox"/> Sexual Assault/Rape
<input type="checkbox"/> Sexual Perpetrators
<input type="checkbox"/> Solution Focused Therapy
<input type="checkbox"/> Spiritual Issues
<input type="checkbox"/> Stress/Anxiety Management
<input type="checkbox"/> Suicide
<input type="checkbox"/> Urgent/Emergent Referrals
<input type="checkbox"/> Women's Issues |
|--|---|---|
- Other (specify)

Language Fluency (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Chinese
<input type="checkbox"/> German
<input type="checkbox"/> Russian
<input type="checkbox"/> Vietnamese | <input type="checkbox"/> English
<input type="checkbox"/> Korean
<input type="checkbox"/> Sign Language
<input type="checkbox"/> Other Language(s) (specify) | <input type="checkbox"/> French
<input type="checkbox"/> Mandarin
<input type="checkbox"/> Spanish |
|--|---|--|

*Required document for all Counselor Applicants

Catholic Charities Job Description Counselor (FT)

Reports To:	Vice President of Life Connections
Department:	Life Connections
Full Performance Period:	One Year
Eligible for Overtime:	No
Supervisory Role:	Function as back-up Child Placement Supervisor

General Purpose

To provide counseling to those experiencing an unplanned pregnancy and to those seeking relinquishment of parental rights. To provide home studies and post placement services for foster/adoptive families. To provide educational programs targeted at parents, children and adolescents. To provide counseling support services to individuals and family members of all faiths.

Essential Duties and Responsibilities

Counseling and Adoption Services

- Provide professional options counseling services/referrals on a case-by-case basis for expectant birth families to help them explore their options and make informed decisions related to establishing a parenting or adoption plan.
- Preparation of legal paperwork (under attorney supervision) for relinquishment and termination proceedings.
- Administer pregnancy tests and provide associated counseling.
- Provide relinquishment counseling for Department of Human Services and private referral clients.
- Provide counseling services to post-abortive individuals.
- Provide former adoption/pregnancy clients with search & reunification counseling services as requested.
- Provide education, coordination and support services to foster/domestic and intercountry adoptive families.
- Conduct foster/adoption family assessment services utilizing SAFE Home Study tool related to certifying foster care homes.
- Provide post placement services to domestic and intercountry adoptive families.
- Respond as needed to emergency cell phone.

Education

- Assist with Adoption Education Workshops, including core adoption training.
- Provide lead facilitation of Infant/Adopt Support group.
- Provide lead administration and facilitation support to the RealCare[®] Baby Project and the Prenatal Nurturing program, including supervision of volunteers.
- Assist with Public Relations efforts for Life Connections and Catholic Charities, including adoption orientation.

This description is not intended, and should not be construed, to be an exhaustive list of all responsibilities, skills, efforts, or working conditions associated with this job. It is intended to be an accurate reflection of the principal job elements essential for making compensation decisions.

Minimum Requirements

Education: Master's Degree in Counseling, Social Work or related behavioral science field; or Bachelor's Degree in social or behavioral sciences. Master's Degree preferred. State Licensed and SAFE trained a plus.

Experience: Master's Degree with two years' experience or five years' experience with Bachelor's degree. Child placement agency and counseling experience preferred. A strong pro-life orientation is expected.

Must be able to complete required background checks.

Candidate must be able to provide three written statements from individuals unrelated to the applicant, one of whom has been the employer or supervisor of the applicant describing character, reliability, knowledge of child welfare services and ability to perform tasks of the placement worker.

Be able to submit within 30 days of accepting the position, certified transcripts directly to the State Department from a regionally accredited college or university proving their qualification for the position

And other background demonstrating application of the following knowledge, skills, and abilities:

- Extensive knowledge of individual human dynamics, family systems and techniques of intervention.
- Knowledge of issues surrounding foster care and adoption, including grief and loss.
- Experience conducting client interviews and assessments, including Home Studies.
- Knowledge of legislation and regulations affecting child placement agencies.
- Management and organizational skills to include word processing and database software.
- Excellent communication skills, both written and verbal and to include public speaking abilities.
- Experience facilitating client groups/educational programs.
- Knowledge of community resources and ability to work cooperatively with other agencies.
- Demonstrated responsiveness and sensitivity to cultural differences.
- Ability to establish, foster and maintain effective working relations with a broad variety of groups.
- Ability to empower and motivate people and to advocate within the social and legal systems for clients.
- Emotional stability to assist persons in intense emotional situations and confront difficult client behaviors.
- Bilingual – English/Spanish a plus.

Physical Demands and Work Environment

These physical demands are representative of the physical requirements necessary for an employee to successfully perform the essential functions of the Counselor position. Reasonable accommodation can be made to enable people with disabilities to perform the described essential functions of this position.

While performing the responsibilities of the Counselor position, the employee is required to talk and hear. The employee is required to sit for long periods of time and use their hands and fingers, to handle or feel, and to manipulate keys on a keyboard. The employee is required to stand, walk, reach with arms and hands, and occasionally required to climb or balance, and to stoop, kneel, and crouch. Vision abilities required by this job include close vision.

The work environment noise level is usually quiet to moderate. Occasional evenings and weekends are required to accommodate meetings and special events.



APPLICATION FOR EMPLOYMENT

Catholic Charities of Central Colorado, Inc.
228 North Cascade Avenue
Colorado Springs, Colorado 80903
(719) 636-2345

It is the policy of Catholic Charities of Central Colorado, Inc. to staff positions with the best qualified people regardless of race, color, national origin, age, gender, disability or veteran status.

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please attach a resume to supplement this application.

PLEASE PRINT

Circle One:

Mr. Rev.

Ms. Sr.

Date _____

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Social Security Number _____ Telephone Number _____

Position Desired _____

Circle One: FULL TIME PART TIME EITHER

When can you start? _____ How were you referred to CC? _____

Previously employed by any Parish/Diocese? NO YES If yes, when? _____

If yes, where? _____

EDUCATIONAL BACKGROUND

Type of School	Name and Location	Years Completed	Major	GPA	Degree(s) Obtained
High or Preparatory					
College					
Graduate School					
Other					

List any additional special skills, technical or professional knowledge which you may have:

EMPLOYMENT EXPERIENCE: List **all** of your current and previous positions (paid and unpaid) in chronological order starting with most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

1. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

2. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

3. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

4. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____

Reason for leaving _____

5. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____

Reason for leaving _____

6. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____

Reason for leaving _____

7. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____

Reason for leaving _____

Of the jobs you have held, which did you like the most, and why? _____

Of the jobs you have held, which did you like least, and why? _____

May we contact your present employer? ___ YES ___ NO

WE ARE REQUIRED TO COMPLETE A STATE AND FEDERAL BACKGROUND CHECK ON ALL APPLICANTS

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you? YES NO

If yes, give a short explanation of the complaint. Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.

Have you ever been convicted of any felony or misdemeanor? YES NO

If yes, give a short explanation of the incident. Please indicate the date, nature, and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

Has any employer ever disciplined you or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving, or your theft? YES NO

If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you?

YES NO

If yes, give a short explanation of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.

Please list 3 references

1. Name _____ Telephone _____

Address _____ Relationship _____

2. Name _____ Telephone _____

Address _____ Relationship _____

3. Name _____ Telephone _____

Address _____ Relationship _____

In order for your application to be considered, you must sign the Applicant's Declaration, Authorization.

APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize Catholic Charities of Central Colorado, Inc. and its agents to verify any information related to my application or resume. I also authorize all individuals, schools, employers, and law enforcement officials to freely provide any information concerning my background, and I hereby release any and all of them from any liability for doing so.

Print Name

Signature

Date



Fair Credit Reporting Act Disclosure and Authorization

Disclosure: In order to evaluate your application for employment or, if you are hired, to assist management with any employment-related decision, Catholic Charities of Central Colorado may obtain consumer reports, investigative consumer reports and criminal history records check regarding you. These reports are any information from a consumer reporting agency bearing upon your credit history, character, reputation, personal characteristics, medical information, or mode of living which is used or collected for the purpose of informing any decision regarding your prospective or actual employment relationship.

You have certain rights regarding these reports and their use as defined under the Fair Credit Reporting Act and as summarized in “A Summary of Your Rights under the Fair Credit Reporting Act” which has been provided to you.

Authorization: I voluntarily authorize Catholic Charities of Central Colorado to obtain consumer reports, investigative consumer reports and criminal history records check about me in order to make informed decisions regarding my proposed or actual employment relationship with Catholic Charities of Central Colorado. I acknowledge that I have rights under the Fair Credit Reporting Act including those discussed in “A Summary of Your Rights under the Fair Credit Reporting Act” which I have received and reviewed.

Printed name (include middle name)

Social Security Number

Street Address

_____ Gender: F or M
Date of Birth

City State Zip

Driver’s License No. State

Maiden Name

Other Aliases

How long has it been since you used Maiden Name or other Aliases? _____

Date

Signature

If you have resided in Colorado less than 7 years, you must complete the form on the reverse side.

If you have resided in Colorado less than 7 years, please list addresses for the last 7 years:

Street Address/Post Office Box

City

State

Zip Code

From (What date?)

To (What date?)

Street Address/Post Office Box

City

State

Zip Code

From (What date?)

To (What date?)

Street Address/Post Office Box

City

State

Zip Code

From (What date?)

To (What date?)

Street Address/Post Office Box

City

State

Zip Code

From (What date?)

To (What date?)

Street Address/Post Office Box

City

State

Zip Code

From (What date?)

To (What date?)

Printed Name: _____

Please list every state in which you have lived during your adult life: _____



Fair Credit Reporting Act Disclosure and Authorization

Disclosure: In order to evaluate your application for employment or, if you are hired, to assist management with any employment-related decision, Catholic Charities of Central Colorado may obtain consumer reports, investigative consumer reports and criminal history records check regarding you. These reports are any information from a consumer reporting agency bearing upon your credit history, character, reputation, personal characteristics, medical information, or mode of living which is used or collected for the purpose of informing any decision regarding your prospective or actual employment relationship.

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Printed name (include middle name)

Social Security Number

Street Address

_____ Gender: F or M
Date of Birth

City State Zip

Driver’s License No. State

Maiden Name

Other Aliases

How long has it been since you used Maiden Name or other Aliases? _____

Date

Signature

Applicant’s Copy

Para información en español, visit www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information with the CRA.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number. Such offers must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

Type of Business::	Contact:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission,: Consumer Response Center -FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Ste. 100 Kansas City, Missouri 64108-2638* 1-877-275-3342
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051