



# INTERN APPLICATION

## VIOLENCE INTERVENTION PROGRAM

Date Received: \_\_\_\_\_

Volunteer #: \_\_\_\_\_

### Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(if student, please provide campus and home address)

Campus Address \_\_\_\_\_

Occupation \_\_\_\_\_ Present Employer \_\_\_\_\_

Education Completed \_\_\_\_\_ Degree/Certification \_\_\_\_\_

If presently attending college, when will you graduate? \_\_\_\_\_

### Please answer the following questions:

How will interning for the Violence Intervention Program assist you in achieving your educational and career goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why should we choose you as an intern? What skills and strengths do you have to offer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what skill(s) or area(s) do you most need improvement? How do you intend to improve them during your internship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had any volunteer, intern, or other relevant experience? If yes, please explain.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training is a crucial component to interning with the Violence Intervention Program. Can you commit to the initial training (Fall/Spring interns complete 30 classroom hours) as well as the on-going training (10 hours per year) to maintain your Rape Crisis Counselor certification?  Yes  No

Due to the nature of the crimes that we deal with, confidentiality is a high priority for our program. What does confidentiality mean to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occasionally a client might want to share something with you and ask you not to tell other staff. How would you handle this? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our program works with a diverse population, including people from various racial and ethnic groups, and people who identify as lesbian, gay, bisexual, or transgender. Our goal is to provide non-judgmental services. How do you define non-judgmental services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Although we strive to give our interns a well-rounded experience and expose them to all aspects of our work, we rely on interns to do many mundane tasks as well, including general office work, hanging posters and distributing fliers, waiting in line (for example, at DSS), and providing childcare. Are there any tasks (listed above or otherwise) that you are not comfortable performing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have access to a car?  Yes  No

Have you ever been convicted of any criminal offense, including any traffic violations?  Yes  No  
*A criminal conviction will be considered only in relation to the position in which you are interested. Seriousness and nature of the offense, time elapsed, and rehabilitation will be considered.*  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Your answers to the following questions will not exclude you from being considered for an internship position. They are intended to help us ascertain whether past victims/survivors of violence have addressed their own recovery needs, and to help us ensure we do not place anyone in a situation which might trigger or be emotionally harmful to them or our clients.*

Have you ever been in a controlling or abusive relationship?  Yes  No  
A) If yes, did you end the relationship? When? \_\_\_\_\_  
B) Have you received counseling? \_\_\_\_\_  
C) If so, when and for how long? \_\_\_\_\_

Have you been the victim of sexual assault or other sexual violence?  Yes  No

A) If yes, when? \_\_\_\_\_

B) Have you received counseling? \_\_\_\_\_

C) If so, when and for how long? \_\_\_\_\_

Have you ever been the victim of any other kind of violent crime?  Yes  No

A) If yes, what happened, and when? \_\_\_\_\_

B) Have you received counseling? \_\_\_\_\_

C) If so, when and for how long? \_\_\_\_\_

**References:** Please give us the name of two individuals we may contact who can comment on the quality of your work. (Do not include friends or relatives).

Name \_\_\_\_\_

Title \_\_\_\_\_

Business/Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Your relationship to the reference \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Business/Organization \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Your relationship to the reference \_\_\_\_\_

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**Essay**

Please provide a one page summary (written or typed) describing why you are interested in interning at the Violence Intervention Program, your relevant experience, including any personal history of domestic or sexual violence, and how your experience would benefit the agency.

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**Application Verification**

I verify that all statements made in this application are true and complete, and I authorize the Violence Intervention Program to contact the references listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The information in this application will be handled in a confidential manner. Any information asked for in this application will be used to determine where you can fit into VIP and what training is needed. It is understood that no discrimination is implied.