

Internship Application



WELCOME

Thank you for choosing Victim Assistance Program to fulfill a school-required internship. An unpaid internship at Victim Assistance Program requires individuals to intern a minimum of twelve hours per week during designated shifts. In addition, all interns are required to complete *The Essentials of Victim Advocacy*, a 44-hour hybrid training course, after acceptance into the program. Visit <https://svaa-victimassistanceprogram.talentlms.com/index> for dates and times; interns do not pay a fee for the class.

Completion of this form is the first step in our application process. Please complete and save this PDF to your computer and submit the application, a cover letter, and a resume on Victim Assistance Program's website at <https://victimassistanceprogram.org/about-us/internship/>. Please reach out to Kari Sprout, LSW Supervisor of Advocacy Services at ksprout@victimassistanceprogram.org with any questions.

APPLICANT INFORMATION

First Name: <input type="text"/>	Last Name: <input type="text"/>	Date: <input type="text"/>
Street Address: <input type="text"/>	Apartment/Unit #: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>
Phone: <input type="text"/>	E-mail: <input type="text"/>	
Are you over the age of 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	Who referred you to VAP? <input type="text"/>	

EMPLOYER INFORMATION

Company: <input type="text"/>	Website: <input type="text"/>
Type of Business: <input type="text"/>	Title: <input type="text"/>
Does your employer match employee contributions? YES <input type="checkbox"/> NO <input type="checkbox"/>	Does your employer sponsor events? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION

High School: <input type="text"/>	City, State: <input type="text"/>		
From: <input type="text"/>	To: <input type="text"/>	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: <input type="text"/>
College: <input type="text"/>	City, State: <input type="text"/>		
From: <input type="text"/>	To: <input type="text"/>	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT YET <input type="checkbox"/>	Degree: <input type="text"/>
Previous Internship: <input type="text"/>	City, State: <input type="text"/>		
From: <input type="text"/>	To: <input type="text"/>	Activities: <input type="text"/>	

REQUIREMENTS *(Please complete this section if you are required to engage in an internship or if you are applying for a self-driven internship)*

How many hours are you required to complete per semester? <input type="text"/>			
How many hours a week are you able to intern at VAP? <input type="text"/>	How many months are you able to intern at VAP? <input type="text"/>		
Availability: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Availability: <input type="checkbox"/> Days (Between 8:00a – 4:00p) <input type="checkbox"/> Evenings (Between 4:00p – 12:00a) *available on occasion			
Availability Comments: <input type="text"/>			

COMMUNITY RELATIONSHave you ever been a victim of a crime? YES NO Have you received services from VAP? YES NO Do you have family who works in the criminal justice system? YES NO Name/Location: Have you ever been convicted of a crime? YES NO If yes, what charge(s)? **COMMUNITY INVOLVEMENT** (*Girl Scouts, Boy Scouts, School Clubs, Sororities, Fraternity*)Organization: Position(s) Held: Time Frame: From: To: Organization: Position(s) Held: Time Frame: From: To: Organization: Position(s) Held: Time Frame: From: To: **INTERESTS** (*Check all that you would be willing to do, and would like to do, during your internship*)Direct Service: Crisis Intervention – Hotline Crisis Intervention - In person Victim Advocacy - CourtMarketing: Service Awareness Booths Social Media Graphic Design Video/Film Making WebsiteAdvancement: Grant Writing FundraisingAdministration: Program Policies Evaluation of Services**REFERENCES** (*Please list three professional or educational references who can attest to your character*)Full Name: Relationship: Company: Email: Full Name: Relationship: Company: Email: Full Name: Relationship: Company: Email: **WHY DO YOU WANT TO INTERN WITH VICTIM ASSISTANCE PROGRAM?****DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I accept and give Victim Assistance Program permission to verify the accuracy of this application by contacting references, employers, as well as educational institutions. If this application leads to an internship, I understand that false or misleading information in my application may result in termination.

Signature: Date: