

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 eight 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 Faythe Kupiec, Supervisor of Interns, at fkupiec@victimassistanceprogram.org with any questions.

APPLICANT INFORMATION

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

EMPLOYEE INFORMATION

Company:		Website:		
Type of Business:		Title:		
Does your employer match employee contributions?		YES	NO	Does your employer sponsor events? YES NO

EDUCATION

Highschool:			City, State:			
From:	To:	Did you graduate?	YES	NO	Degree:	
College:			City, State:			
From:	To:	Did you graduate?	YES	NO	NOT YET	Degree:
Previous Internship:			City, State:			
From:	To:	Activities:				

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?							
How many hours a week are you able to intern at VAP?				How many months are you able to intern at VAP?			
Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Availability:	Days (Between 8:00a – 4:00p)			Evenings (Between 4:00p – 12:00a) *available on occasion			
Availability Comments:							

COMMUNITY RELATIONS

Have 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 - Court
Outreach:	Service Awareness Booths	Social Media	Graphic Design Film Making
Advancement:	Grant Writing	Fundraising	
Administration:	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?

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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:
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