

Internship Application



WELCOME

Thank you for choosing Victim Assistance Program to fulfill a school-required or self-driven internship. An unpaid internship at Victim Assistance requires individuals to intern a minimum of eight hours per week during designated shifts. In addition, all interns are required to complete *The Essentials* training after acceptance into the program. Visit www.victimassistanceprogram.org 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 upload the file to our website at victimassistanceprogram.org/about-us/internship/

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?

EMPLOYEEER 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)			
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	Victim Advocacy - Court	Support Groups		
Education:	Service Awareness Booths	Proof Reading Curriculums	Online LMS System Support		
Advancement:	Grant Writing	Fundraising	Social Media	Graphic Design	Film Making
Administration:	Program Policies	Data Entry	Research	Computer technology	
Miscellaneous:	Computer Hardware	Cleaning	Organizing		

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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