

**Date of Application:** \_\_\_\_\_

**INTERNSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you fluent in languages other than English?** Yes\_\_\_ No\_\_\_

If yes, please list: \_\_\_\_\_

**Check the intern opportunities that most interest you (you may check more than one):**

\_\_\_\_\_ Legal Victim Advocate

\_\_\_\_\_ SafeHouse Advocate

\_\_\_\_\_ Child Care

\_\_\_\_\_ Office Assistant

**What semester are you applying for?** \_\_\_\_\_

**Availability for the semester you are applying for**

|           | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|--------|---------|-----------|----------|--------|----------|
| Daytime   |        |        |         |           |          |        |          |
| Nighttime |        |        |         |           |          |        |          |

**Education**

|             | School | City | State | Year Completed |
|-------------|--------|------|-------|----------------|
| High School |        |      |       | 1 2 3 4        |
| College     |        |      |       | 1 2 3 4        |
| Other       |        |      |       |                |

**How did you hear about the Alternatives to Violence's internship program?**

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**Please describe any previous internship or similar experience you have:**

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**Have you ever been arrested for a crime against a person or investigated for a domestic, child or sexual abuse offense?**

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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**If interested in a direct service role (working with clients), are you able to complete 18-hrs. of Core Training plus 6-hrs. of Extended Training? Yes \_\_\_ No \_\_\_**

**Are you able to complete, with or without reasonable accommodations, the essential functions outlined in the intern job description of the position in which you are interested? Yes \_\_\_ No \_\_\_**

Thank you for taking the time to complete this internship application. Alternatives to Violence is committed to excellence in victim services. Your application will be reviewed by the Volunteer Coordinator and you will be contacted if selected for an interview. A background check (paid for by ATV) will be required for any intern role.

I have read and understand the above statement. Any inaccurate or false information on the application will be grounds for disqualification from the program, and/or grounds to terminate my participation in the internship program. By signing this application, I attest that all information provided is true to the best of my knowledge.

\_\_\_\_\_  
Intern Printed Name

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ATV Supervisor Signature

\_\_\_\_\_  
Date