



# Internship Application

Reno Police Department  
Victim Services Unit



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

Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Preferred method of contact: Email  Home phone  Work/Cell  Mail

Are you retired? Yes:  No:

Are you interested in a *general* internship or *advocacy*? \_\_\_\_\_

Are you currently enrolled in school? Yes:  No:

If yes, where: \_\_\_\_\_ Course of study: \_\_\_\_\_

How did you hear about this internship program? \_\_\_\_\_

**Please list recent employers and/or volunteer experience:**

Organization or Company	Position/Duties	Dates	Contact Information

Please describe any training and/or experiences (personal or professional) that would make you well suited to be a victim advocate (you may attach add'l pages): \_\_\_\_\_

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

Share briefly your understanding of domestic/intimate partner violence: \_\_\_\_\_

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

If you are volunteering to fulfill a class requirement, please list the class, the number of hours required, and the goal of your service: \_\_\_\_\_

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

Have you ever been convicted of a criminal offense other than a minor traffic violation?

Yes  No

If yes, please describe type of offense, date, law enforcement agency, and current status: \_\_\_\_\_

Have you or anyone close to you been a victim of a crime in the last twelve months?

Yes  No

If yes, please indicate your relationship to the victim and give a brief description of the event:

If Reported, what agency? \_\_\_\_\_

Please describe why you want to intern with the VSU: \_\_\_\_\_

Do you speak a language other than English? Yes  No

If yes, which languages? \_\_\_\_\_

**Please indicate any additional skills or interests you have that would benefit the V.S.U.:**

- Literature Development      Website      Fundraising      Special Projects
- Editing      Photography      Sewing/Crafts      Organizing      Graphic Arts
- Other: \_\_\_\_\_

**Please list one professional and one personal reference.**

Name:	Address:	Phone:
Name:	Address:	Phone:

**Please indicate when you are available to work.**

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Do you have a valid driver's license and access to a working vehicle?  
 Yes  No

DL#: \_\_\_\_\_

State: \_\_\_\_\_ Exp: \_\_\_\_\_

**Emergency Contact:**

Name:	Relationship to you:	Home Phone:
Address:		Work Phone:

**I hereby certify that all statements made in this application are true, and I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to intern with the City of Reno.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date