



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 *victim 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, which agency? _____

Please describe why you want to intern with 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