



# Internship Application

Reno Police Department  
Victim Services Unit



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

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

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

Gender: M F TG

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

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

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

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

Cell Phone: \_\_\_\_\_

Preferred method of contact: Email  Home phone  Cell  Mail

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

→Which semester are you looking to intern? SPRING  SUMMER  FALL

→Are you currently enrolled in school? Yes:  No:

If yes, where: \_\_\_\_\_ Major: \_\_\_\_\_

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

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

**Please list recent employers and/or volunteer experience in the last 5 years:**

| Organization or | Position/Duties | Dates | Contact Information |
|-----------------|-----------------|-------|---------------------|
|                 |                 |       |                     |
|                 |                 |       |                     |
|                 |                 |       |                     |
|                 |                 |       |                     |

→Have you ever been terminated or disciplined at a job or internship? Yes:  No:

Please explain: \_\_\_\_\_

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

→Please describe any training and/or experiences (personal or professional) that would make you well suited to be a victim advocate (you may attach additional pages):

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

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→Share briefly your understanding of domestic/intimate partner violence:

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→Have you ever been arrested or 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:

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→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:

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If Reported, which agency?\_\_\_\_\_

→Do you speak a language other than English? No Yes \_\_\_\_\_

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

Marketing                      Web Design                      Fundraising                      Special Projects

Social Media                      Grant Writing                      Organizing                      Data Entry

Proofreading/Translation

Other: \_\_\_\_\_

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

|       |          |        |                                       |
|-------|----------|--------|---------------------------------------|
| Name: | Address: | Phone: | Personal <input type="checkbox"/>     |
|       |          |        | Professional <input type="checkbox"/> |
| Name: | Address: | Phone: | Personal <input type="checkbox"/>     |
|       |          |        | Professional <input type="checkbox"/> |

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

|           | Mon | Tues | Wed | Thurs | Fri |
|-----------|-----|------|-----|-------|-----|
| Morning   |     |      |     |       |     |
| Afternoon |     |      |     |       |     |

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 or volunteer with Reno Police Department. My signature also indicates my understanding that my application will be forwarded to the Backgrounds Investigation Unit and a background check will be performed prior to my acceptance into the program. *Details other than pass/fail of the background investigation will not be disclosed.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to Paula Hlade via email: [hladep@reno.gov](mailto:hladep@reno.gov)  
 Mail: P.O. BOX 1900, Reno, NV 89505  
 fax: 334-2227  
 In person: 911 Kuenzli St., Reno NV 89502

|   |                                       |                      |  |
|---|---------------------------------------|----------------------|--|
| <b>Administrative Use Only</b>            |                                       |                      |  |
| Received on _____                         | Interviewed on _____                  | Attended Orientation | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Event: _____                              |                                       |                      |  |
| Initial Approval <input type="checkbox"/> | Reservations <input type="checkbox"/> | Reason:              |  |
| Unapproved <input type="checkbox"/>       | Reason:                               |                      |  |