Internship Application

Reno Police Department
Victim Services Unit

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Hope • Strength • Empowerment

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 20__ SUMMER 20__ FALL 20__

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

If yes, where:_____ Course(s) of study:_____

→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 Company	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 add'l pages):

_____

_____

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

_____

_____

_____

_____

→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:

_____

_____

→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? No Yes _____

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

Marketing	Web Design	Fundraising	Special Projects
Photography	Sewing/Crafts	Organizing	Graphic Arts
Proofreading/Translation			

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 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 RPD- Victim Services Unit at 911 Kuenzli Lane, Reno, NV 89502; RPDVSU@reno.gov

Administrative Use Only

Received on _____ Interviewed on _____ Attended Orientation No ☐ Yes ☐ Event:_____

Initial Approval ☐ Reservations ☐ Reason:

Unapproved ☐ Reason: