



DOMESTIC/ SEXUAL VIOLENCE INTERNSHIP PROGRAM INFORMATION

The YWCA of Richmond offers internships during the Fall/Spring and Summer academic semesters. The internship program is designed to provide students and recent graduates with an opportunity to assist with carrying out the mission and vision of the YWCA of Richmond. The YWCA is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all. We strengthen our community by creating and advancing opportunities to empower women, children, and families to live their best lives. We accomplish the latter through our programs such as domestic and sexual violence services and our nationally accredited pre-school program.

Internship Positions Available: Internship opportunities are available throughout our organization to support our mission and vision to empower women, children and families and strengthen our community. We utilize talented interns to support our Domestic & Sexual Violence Programs, our preschool, and in communication, development, and strategic roles. Internship opportunities and needs vary so please visit the YWCA of Richmond's website for a list of the specific internships available. The internship descriptions can also be emailed upon request.

Eligibility: A candidate must be an undergraduate student; graduate student; or have graduated from college within 12 months of beginning the internship.

General Information: Interns may receive academic credit if an agreement is made between the YWCA of Richmond and the intern's college or university. All interns are subject to the applicable YWCA of Richmond employee rules. Generally our counselor interns, family & child specialist interns, hotline interns, and advocacy interns are expected to work a minimum of 14 hours per week during the Fall and Spring semesters. Other intern roles, including those in the preschool, development, and communication area are expected to work a minimum of 10 hours per week; however, the hours may vary depending on the specific area of focus. Please refer to the intern description for all details about work requirements.

Application Procedures: Candidates must complete an application form and submit it with their cover letter and resume. Some internship positions require additional application materials, such as a writing sample. All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

Application Deadlines: All Applications for domestic/sexual violence services must be received (postmarked or e-mail) by **June 1**. All other intern position deadlines will be posted on the internship website.

Mail or Fax or Email Applications to: YWCA of Richmond
c/o: Internship Program
6 N. 5th Street
Richmond, VA 23219
Fax: 804.643.1314
Email: internships@ywcarichmond.org

Where to go for Further Information: *please see the job descriptions for more details.*



| Applicant Information | | | |
|-------------------------------------------------------------|------------|------------------------|----------|
| Last Name | First | Date | |
| Street Address | | | Apt/Unit |
| City | State | Zip | |
| Phone | Cell Phone | | |
| Email address: | | | |
| Have you ever been convicted of a felony? | | If yes please explain: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| How did you hear about our internship program? | | | |

| Availability | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Please check semesters of availability: | | | | | | | |
| <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: _____ | | | | | | | |
| Please check your general availability | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning (approx. 9-1) | | | | | | | |
| Afternoon (approx. 1-5) | | | | | | | |
| Evening (approx. 5-9) | | | | | | | |
| Please indicate your start/end date: | | | | | | | |

| Areas of Interest | | | | |
|-------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| Please indicate no more than two areas in which you are interested in: | | | | |
| <input type="checkbox"/> Hospital Advocate Intern | <input type="checkbox"/> Crisis Response Intern | <input type="checkbox"/> Case Management Intern | <input type="checkbox"/> Counseling Intern | <input type="checkbox"/> Advocacy and Outreach Intern |
| | | | | |

Experience/Education and Skills

Current employment status: Full-time Part-time Not Employed

Current or most recent paid position held:

Are you currently a full-time or part-time student?

Yes No

If yes, please indicate school and concentration:

Level

Freshmen Sophomore Junior
 Senior Graduate student

Areas of study:

Do you speak any other languages?

Yes No

If yes, please list language, *if applicable*: _____

Fluent Semi-Fluent Basic

Second language, *if applicable*: _____

Fluent Semi-Fluent Basic

Computer Skills/Software Used:

Computer Literacy:

Beginner Moderate Competent

Do you own a laptop?

Yes No

Do you have reliable transportation?

Yes No

Additional Information/Requirements

Are you willing to complete a background check? (Agency and Hospital)

Yes No

If no, please explain:

Are you willing to receive a tuberculosis skin test or provide recent tuberculosis test results?

Yes No

If no, please explain:

Are you willing to receive an influenza vaccine?

Yes No

If no, please explain:

| |
|------------------------------------------------------------------------------------------|
| Why are you interested in an internship with our organization? |
| What specific experience would you like to gain through this internship? |
| What specific contributions would you like to make to the agency during your internship? |

| Professional References | |
|--------------------------------|--------------------------------------------------------------|
| Name & Job Title | Contact Information |
| 1) | Relationship: Telephone Number: Email Address: |
| 2) | Relationship: Telephone Number: Email Address: |
| 3) | Relationship: Telephone Number: Email Address: |

| Disclaimer and Signature | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release. | |
| Signature: | Date: |