

**Internship Application**

Term you are applying for: **Fall** (approximately August – December) **Year:** Click here to enter text.

**Spring** (approximately January – May) **Year:** Click here to enter text.

**Summer** (approximately May – August) **Year:** Click here to enter text.

**Full year** (academic or calendar year) **Year:** Click here to enter text.

Internship Preference: **Adult and Child Advocate** **Court Advocate** **High Risk Programs**

**Marketing & Outreach Intern** **Macro**  **Case Management** **No preference**

If you selected a preferred location, would you be willing to consider an internship at the other facility? **Yes** **No**

How did you hear about the internship program?

***Please send completed application, resume, cover letter, and ID to Walden Ferrell at*** [***waldenferrell@jisnashville.gov***](mailto:waldenferrell@jisnashville.gov)***.***

**The following information is confidential.**

**Your Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** Click here to enter text. | | | |
| **Preferred name:** Click here to enter text. **Preferred pronouns:** Click here to enter text. | | | |
| **Mailing address:** | | Click here to enter text. | |
| **Phone number(s):** | | **Home:** Click here to enter text. **Cell:** Click here to enter text. | |
| **Email:** | | Click here to enter text. | |
| **Social Security Number:** | | Click here to enter text. | |
| **Driver’s License:** | | **State:** Click here to enter text. **Number:** Click here to enter text. | |
| **Birthdate (mm/dd/yyyy):** | | | Click here to enter text. |
| **Emergency Contact Name:** Click here to enter text. **Relationship:** Click here to enter text. | | | |
| **Address:** | Click here to enter text. | | |
| **Phone number(s):** | **Home:** Click here to enter text. **Cell:** Click here to enter text. **Work:** Click here to enter text. | | |
| **Current place(s) of employment, job title(s), and description of role(s):** | Click here to enter text. | | |

**Education:**

|  |  |
| --- | --- |
| **High school graduate:**  **Yes**  **No GED:**  **Yes**  **No** | |
| **Undergraduate university:** | Click here to enter text. |
| **Location (city, state):** | Click here to enter text. |
| **Attendance dates (mm/yy):** | **From:** Click here to enter text. **Graduation:** Click here to enter text. |
| **Degree:** | Click here to enter text. |
|  | **Major(s):** Click here to enter text. **Minor(s):** Click here to enter text. |

|  |  |
| --- | --- |
| **Graduate university:** | Click here to enter text. |
| **Location (city, state):** | Click here to enter text. |
| **Attendance dates (mm/yy):** | **From:** Click here to enter text. **Graduation:** Click here to enter text. |
| **Degree:** | Click here to enter text. |
|  | **Major(s):** Click here to enter text. **Minor(s):** Click here to enter text. |

|  |  |
| --- | --- |
| **Post-graduate university:** | Click here to enter text. |
| **Location (city, state):** | Click here to enter text. |
| **Attendance dates (mm/yy):** | **From:** Click here to enter text. **Graduation:** Click here to enter text. |
| **Degree:** | Click here to enter text. |
|  | **Major(s):** Click here to enter text. **Minor(s):** Click here to enter text. |

**Language(s) Spoken:**

|  |  |
| --- | --- |
| **Language(s)** | **Proficiency** |
| Click here to enter text. | Speak  Read  Write Beginner  Intermediate  Proficient/Native |
| Click here to enter text. | Speak  Read  Write Beginner  Intermediate  Proficient/Native |
| Click here to enter text. | Speak  Read  Write Beginner  Intermediate  Proficient/Native |

**References: (List three people who are not related to you and who have definite knowledge of your business or professional qualifications for this internship.)**

|  |  |
| --- | --- |
| **Name:** Click here to enter text. **Relationship:** Click here to enter text. | |
| **Business/Occupation:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Phone number(s):** | **Work:** Click here to enter text. **Other:** Click here to enter text. |
| **Email:** | Click here to enter text. |

|  |  |
| --- | --- |
| **Name:** Click here to enter text. **Relationship:** Click here to enter text. | |
| **Business/Occupation:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Phone number(s):** | **Work:** Click here to enter text. **Other:** Click here to enter text. |
| **Email:** | Click here to enter text. |

|  |  |
| --- | --- |
| **Name:** Click here to enter text. **Relationship:** Click here to enter text. | |
| **Business/Occupation:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Phone number(s):** | **Work:** Click here to enter text. **Other:** Click here to enter text. |
| **Email:** | Click here to enter text. |

**Short-Answer Questions:**

|  |
| --- |
| **1. Briefly describe your understanding of domestic violence.** |
| Click here to enter text. |
| **2. Briefly explain your long-term education and/or employment goals.** |
| Click here to enter text. |
| **3. Briefly describe your preferred supervision style.** |
| Click here to enter text. |
| **4. How do you like to be recognized for good work?** |
| Click here to enter text. |

**Availability:**

|  |  |
| --- | --- |
| **Term:** Click here to enter text. | |
| **Monday** | **Hours available:** Click here to enter text. |
| **Tuesday** | **Hours available:** Click here to enter text. |
| **Wednesday** | **Hours available:** Click here to enter text. |
| **Thursday** | **Hours available:** Click here to enter text. |
| **Friday** | **Hours available:** Click here to enter text. |

|  |  |
| --- | --- |
| **Term:** Click here to enter text. | |
| **Monday** | **Hours available:** Click here to enter text. |
| **Tuesday** | **Hours available:** Click here to enter text. |
| **Wednesday** | **Hours available:** Click here to enter text. |
| **Thursday** | **Hours available:** Click here to enter text. |
| **Friday** | **Hours available:** Click here to enter text. |

**Pre-Interview Information:**

|  |  |
| --- | --- |
| **Have you ever worked for the Metropolitan Government of Nashville & Davidson County?** | Yes  No |
| **If yes, when?** Click here to enter text. **Where?** Click here to enter text. | |
| **Circumstances of departure:** Click here to enter text. | |

|  |  |
| --- | --- |
| **Have you used illegal drugs in the last three (3) years?** | Yes  No |
| **Have you been arrested for any crime in the last ten (10) years?** | Yes  No |
| **Have you been involved in any illegal activity that would disqualify you as an intern?** | Yes  No |
| **Are you unable to intern a minimum of 8 hours per week?** | Yes  No |
| **Are you unable to make a one (1) semester commitment to the JCAC as an intern?** | Yes  No |
| **If you answered “yes” to any of the above, please explain:**  Click here to enter text. | |

**Certification:**

I certify that all statements, information, and documents provided with this application are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false, or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my **NOT** being considered for an internship with the Jean Crowe Advocacy Center.

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

Signature Date

**Criminal History Disclosure Form**

The Office of Family Safety (OFS) and Jean Crowe Advocacy Center (JCAC) requires that every applicant complete this form, whether for positions in a compensated capacity, or interns/volunteers who will or may have regularly scheduled unsupervised contact with children under the age of sixteen (16).

**Have you ever been convicted of:**

|  |  |  |  |
| --- | --- | --- | --- |
| Any crime against children or other persons | Y  N | Unlawful imprisonment | Y  N |
| Aggravated murder | Y  N | Simple assault | Y  N |
| First/second degree murder | Y  N | Sexual exploitation of a minor | Y  N |
| First/second degree kidnapping | Y  N | First/second degree criminal mistreatment | Y  N |
| First/second/third degree assault | Y  N | Child abuse or neglect (RCW 26.44.020) | Y  N |
| First/second/third degree rape | Y  N | First/second degree custodial interference | Y  N |
| First/second degree robbery | Y  N | Malicious harassment | Y  N |
| First degree arson | Y  N | First/second/third degree child molestation | Y  N |
| First degree burglary | Y  N | First/second degree sexual misconduct with a child | Y  N |
| First/second degree manslaughter | Y  N | Patronizing a juvenile prostitute | Y  N |
| First/second degree extortion | Y  N | Child abandonment | Y  N |
| Indecent liberties | Y  N | Promoting pornography | Y  N |
| Incest | Y  N | Selling/distributing erotic material to a minor | Y  N |
| Vehicular homicide | Y  N | Custodial assault | Y  N |
| First degree promoting prostitution | Y  N | Violation of child abuse restraining order | Y  N |
| Community with a minor for immoral purposes | Y  N | Child buying or selling | Y  N |
| Felony indecent exposure | Y  N | Prostitution | Y  N |
| Criminal Abandonment | Y  N |  |  |

**Have you ever been:**

|  |  |
| --- | --- |
| Convicted of crimes related to drugs as defined in RCW 43.43.830? | Y  N |
| Found by any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically or abused any minor? | Y  N |
| Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? | Y  N |
| Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? | Y  N |
| Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult? | Y  N |

|  |  |
| --- | --- |
| Are you currently involved or have you been involved in any civil proceedings in any courts? | Y  N |
| If yes, please briefly explain:  Click here to enter text. | |

I, (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest to the truth of this statement, and understand that it is sworn under penalty of perjury.

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

Signature Date

**Request for Conviction Criminal History Record**

**Applicant Information:**

|  |  |
| --- | --- |
| **First name:** Click here to enter text. **Middle name:** Click here to enter text. **Last name:** Click here to enter text. | |
| **Alias:** Click here to enter text.  **Maiden name and dates:** Click here to enter text. | |
| **Date of birth (mm/dd/yyyy):** Click here to enter text. | **Social Security Number:** Click here to enter text. |
| **Phone number:** Click here to enter text. |  |
| **Sex:** Click here to enter text. | **Race/Ethnicity:** Click here to enter text. |

**Previous Addresses (Please list your two (2) last addresses and length of stay at each residence. This is necessary to process the background check.):**

|  |  |
| --- | --- |
| **Street address:** | Click here to enter text. |
|  | **City:** Click here to enter text. **State:** Click here to enter text. **Zip Code:** Click here to enter text. |
| **Length of stay:** | **From (mm/yy):** Click here to enter text. **To (mm/yy):** Click here to enter text. |

|  |  |
| --- | --- |
| **Street address:** | Click here to enter text. |
|  | **City:** Click here to enter text. **State:** Click here to enter text. **Zip Code:** Click here to enter text. |
| **Length of stay:** | **From (mm/yy):** Click here to enter text. **To (mm/yy):** Click here to enter text. |

I authorize the Office of Family Safety to conduct a background check of any of my criminal, employment, or volunteer records.

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

Signature Date