

Internship Application

Please return the completed application to the Office of Victim Advocacy, Willard DiLoreto Hall, Suite D305 or e-mail to J.wagner@ccsu.edu

Personal Information					
Name:	ne:Student ID#:				
referred pronouns: Preferred name:					
Cell Phone:					
School Email Address: Per	sonal Email Address:				
How do you prefer to be contacted? Phone □ E	mail □				
Academic Standing: First-Year □ Sophomore	e□ Junior□ Senior□	Graduate □			
Major: Mino	r:				
Last Semester GPA: Cumulative GPA:	Total Credit Hours This Sem	nester:			
Internship: Required Hours:	Voluntary <i>Hours:</i>				
Semester Applying For (circle): Fall					
Prior Work Experience					
1) Job Title:					
Employer:					
Addross					

Duties:	
Supervisor's Name:	
Supervisor's Phone Number:	
May we contact your supervisor? Yes □ No □	
2) Job Title:	
Employer:	
Address:	
Duties:	
Supervisor's Name:	
Supervisor's Phone Number:	
May we contact your supervisor? Yes □ No □	
Questions	
Why do you want to work or volunteer at the Office of Victim Advocacy?	
What strengths or skills would you bring to the Office of Victim Advocacy?	
Have you received any of the following trainings?	
Title IX Training □	
FERPA Training □	
Bringing in the Bystander Training □	
Have you completed any additional trainings you feel are relevant to this position?	

Creative	Self-starter	Organized	Energetic	Team Player	People Person	ı
Open-Mi	nded Motivate	ed Articulate	Charismati	c Outspoken	Quiet Lea	ader
	Go	ood Listener Dec	ision-Maker	Cultured		
Is there anything		d like for us to kno	<u> </u>			<u> </u>
Available Hours (Office Hours ar		iday from 9:00 a	ı.m. – 5:00 p.m.)			
Monday:						
Tuesday:						
Wednesday:						
Thursday:						
Friday:						
		ng! Please returi oreto Hall, Suite				
Questions ca		to Jamaal Wagn t at <u>J.wagner@c</u>			ce Prevention	ı
Office Use Only						
Interview Date: _						
Comments:						