

# Division of Victim Services

## Intern/Volunteer Application



### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Region requesting to intern/volunteer	<input type="checkbox"/> Riverside <input type="checkbox"/> Murrieta <input type="checkbox"/> Indio <input type="checkbox"/> Banning <input type="checkbox"/> Blythe

### Availability – requires a minimum of 8 hours per week

On what days are you available for intern/ volunteer assignments? (Please note- 8am-5pm at a minimum of (1) day per week is required)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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### Experience

Describe your experiences with the criminal justice system, including paid or volunteer positions. List any experience as a juror, witness, victim etc.

### Special Skills or Qualifications

Please check all that apply:

- Crisis intervention and/or providing services to victims in any capacity
- Grant writing/ research
- Event coordination
- Web design/graphic design
- Marketing & Public Relations
- Public Speaking
- Other:

## Expectations

Tell us why you'd like to become an intern/volunteer with the Division of Victim Services. What do you hope to gain from this experience?

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## Current work/internship Information

Are you currently working? If yes, where and what is your position and duties?	
Are you currently participating in an internship? If yes, where and what is your position and duties?	

## Internship Information

If you are applying for an unpaid internship for college credits please complete.

School	
Advisor/instructor	
Major	
Expected graduation date	
# of hours needed for internship	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that I must pass an extensive background check prior to being accepted as an intern or volunteer and that this is an **academic year time commitment (or the equivalent there of)** and will be expected to remain active in the program during its entirety.

Name (printed)	
Signature	
Date	

## Instructions

Please attach a resume or CV.

Mail or email [DVSInternVolunteerProgram@rivcoda.org](mailto:DVSInternVolunteerProgram@rivcoda.org)

Thank you for your interest in our program!