



### ***Sojourner Internship Application Form***

The following information is required in order to help us screen and assign our interns. The information you provide to us will be held completely confidential.

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*Name*

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*Street Address*

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*City, State, Zip*

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*Home Phone*

*Work Phone*

*Cell Phone*

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*Occupation*

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*Employer /School*

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*Employer /School Address*

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*Email Address*

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*Emergency Contact (Name)*

*Relationship*

*Phone*

1. Is this internship experience for a class or credit? Yes or No (Please Circle)
2. If yes, please give the professor/instructor/advisor information and total number of hours required for credit:

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3. What is your area of study? \_\_\_\_\_

4. How did you hear about Sojourner?

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5. Why specifically are you interested in completing an internship at Sojourner?

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6. If this is for class credit, what are the professors' learning objectives for an internship experience?

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7. What are your specific learning objectives for an internship at Sojourner?

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8. Have you had any training on issues of domestic violence? Yes or No (Please Circle)

9. Please Describe:

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10. Sojourner will provide a 4-6 hour required training opportunity to increase your understanding of domestic violence. Are you willing to participate in this training? Yes or No (Please Circle)

11. List any skills, talents and/or areas of interest:

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12. Do you speak a language other than English? Yes or No (Please Circle)

13. If yes, please list other language(s):

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14. Please indicate your availability

-Please be specific about how many hours per week/month, days of the week, times of day and what date you are available to start-

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15. Have you ever been convicted of a felony? Yes or No (Please Circle)

16. If yes, please describe:

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17. Do you have any physical limitations that would prevent certain intern work? Yes or No (Please Circle)

18. If yes, please describe:

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19. Do you have any additional questions?

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- I understand that the above information may be verified.
- I understand that the internship relationship with Sojourner can be terminated by either party at any time
- I understand that if I am currently seeing a counselor/therapist regarding issues of domestic violence, rape and/or sexual abuse that I need to talk with that therapist/counselor to determine if volunteering at Sojourner would be appropriate for you at this time.

We will review your application and be in contact with you after we determine how we would like to move forward with the information you have provided. Thank you for your time and interest in Sojourner!