

Dear Prospective Intern,

Thank you for your interest in an internship with Alexandra House, Inc. As an organization dedicated to serving victims of sexual and domestic violence, our interns are essential to our ability to provide high-quality services at our shelter facility and within the community.

To intern with Alexandra House, Inc. you **must be enrolled in a degree-granting program and must receive college credit for your internship**. Most interns accepted into our internship program are pursuing degrees in social work, human services, criminal justice, or other related fields, although interns can be accepted from other programs under special circumstances.

For prospective volunteers and interns interested in working directly with participants as advocates, we provide a 50-hour training program that prepares individuals for the challenges of direct-service volunteering. Please contact your professor or internship coordinator to determine if this training may be counted towards your total number of required hours. Alexandra House hosts its 50-hour volunteer training biannually and are usually held Tuesday/Thursday evenings and weekends. A few weeks before the training begins, there will be an information session for prospective volunteers and interns. Trainings take place in the Fall and Spring. Please see our website ([Volunteer Advocate Training](#)) to see when the next training will be offered.

Please note that we have a very limited number of internship positions available, and we are not always able to find an opportunity that is a good match for some prospective interns. If we cannot immediately utilize your talents, we can provide you with a list of alternative ways to support our organization and the participants we serve.

Thank you again for your interest in our internship program. Please do not hesitate to call should you have any questions.

Sincerely,



Tina Bronson  
Director of Mission Advancement



10065 – 3<sup>rd</sup> Street NE  
Blaine, MN 55434

## INTERN APPLICATION FORM

**Send To:** Alexandra House, Inc.  
**Attn:** Volunteer Services Coordinator  
10065 – 3<sup>rd</sup> Street NE | Blaine, MN 55434  
**Email:** [communications@alexandrahouse.org](mailto:communications@alexandrahouse.org)

**All qualified applicants are considered for volunteer or intern positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.**

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Job Title (if employed): \_\_\_\_\_ Retired: Yes  No

Employer Name: \_\_\_\_\_  
*(Grantors may ask if anyone from their company volunteers in the agency)*

Business Address: \_\_\_\_\_

May we contact you at work? Yes  No  Between what Hours: \_\_\_\_\_

<b>For Office Use Only</b>		
Received: _____	Fingerprint Clearance: _____	Training Date: _____
Interview: _____	References: _____	Start Date: _____
Background Check: _____	Volunteer Agreement: _____	

**The following information is required to help us screen and assign interns.  
The information provided will be kept confidential.**

**AVAILABILITY**

*(Check all that work for your schedule)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Number of Hours Required for Internship:** \_\_\_\_\_

**Will your program accept training hours towards your total number required?** Yes  No

**Desired Start Date:** \_\_\_\_\_

**Desired Date of Completion:** \_\_\_\_\_

**Do you have any physical disabilities or health concerns which would prevent you from performing certain kinds of work or in a certain work environment?** Yes  No

**If yes, please explain:**

**EDUCATION INFORMATION**

**School** \_\_\_\_\_ **Major** \_\_\_\_\_ **Year in School** \_\_\_\_\_

**What level are you currently seeking?**  AA  BA/BS  Masters\*  Other\* \_\_\_\_\_

**Courses relevant to Domestic or Sexual Violence completed** (Please attach syllabi if available):

**Special training and or skills you have that may be used while volunteering:** *(i.e. speaking a second language, CPR/First Aid Certified, crafts, technical skills)*

**EXPERIENCE**

**Have you volunteered/worked for a domestic or sexual violence organization before?** Yes  No

If yes, when and what was your position?



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**PLEASE ANSWER THE FOLLOWING QUESTIONS:** If you need more room answer questions on a separate sheet of paper attached to this application.

What interests you about interning at Alexandra House?

Briefly describe domestic violence and sexual violence as you understand it.

Describe barriers to safety and healing which may arise for victims of domestic or sexual violence.

What do you perceive will be the most difficult aspect of this type of internship experience?

Have you had any experience or training surrounding the issues of domestic violence and sexual violence?

**I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that completing this application does not ensure a volunteer or internship placement. I also understand that this is not an application for paid employment.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PERSONAL OR PROFESSIONAL REFERENCES (PLEASE EXCLUDE RELATIVES)

Please print the complete names and addresses of your references so they are easily readable. References should be people who are not related to you and who know your suitability for the position for which you are applying, such as coworkers, neighbors, friends, pastors, etc. We ask that you sign the "Release of Information" below so that we may notify your references of your desire for their response to the references inquiry they will receive from Alexandra House.

**Our policies require that reference records be on file before you can be placed in certain volunteer positions. Please note that these records will be kept confidential.**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

**RELEASE OF INFORMATION:** I authorize Alexandra House to contact the above references. I certify that the above information is true and verifiable to the best of my knowledge. I also understand that all information contained within this application will remain confidential. I understand that as part of the screening process for my application to volunteer, I will be required to complete and submit a criminal history background check.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

We will review your application and be in contact with you after we determine how we would like to proceed with the information you have provided. Thank you for your time and interest in Alexandra House, Inc.