



# Internship Application

*DOVE is committed to serving communities, families and individuals impacted by domestic violence. We seek to empower our clients and the community by providing safety, shelter, education and support services. By promoting an environment free from abuse, we strive to see DOmestic Violence Ended.*

*Please mail completed application along with a resume to: Internship Program c/o DOVE, Inc. P.O. Box 690267, Quincy, MA 02269.*

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Permanent Address

(if different): \_\_\_\_\_ DOB: \_\_\_\_\_

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

Emergency

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Placement Information

School: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor's Address: \_\_\_\_\_

Advisor's Email: \_\_\_\_\_

Internship Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_ Total Number of hours/weeks: \_\_\_\_\_

Please indicate which days and the approximate hours you will be available.

Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_

Thursdays \_\_\_\_\_ Fridays \_\_\_\_\_ Weekends \_\_\_\_\_

Will you require MSW supervision? Yes No

If yes, please explain: \_\_\_\_\_

**Educational Background**

School: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

School: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Please list any courses or trainings that you have successfully completed that may be relevant to an internship at DOVE, Inc.:

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**General Information-** (Please attach additional pages if needed)

How did you learn about Dove?

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Why are you interested in working in the domestic violence field?

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What experience, if any, have you had in the domestic violence field?

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What have you enjoyed most about your previous work/ educational/ volunteer experiences in the human service field?

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What have you enjoyed least about your previous work/ educational/ volunteer experiences in the human services field?

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Why do you think people stay in battering/abusive relationships?

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Why would you like to complete an internship at DOVE, Inc.?

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What do you expect to learn through an internship at DOVE, Inc.?

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\_\_\_\_\_

Will you be able to attend weekend or evening trainings?\_\_\_\_\_

What internship position(s) are you interested in? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Shelter Case Manager Intern        | <input type="checkbox"/> Family Advocate Intern |
| <input type="checkbox"/> Shelter Children’s Advocate Intern | <input type="checkbox"/> Guest Advocate Intern  |
| <input type="checkbox"/> Marketing Intern                   | <input type="checkbox"/> Undecided              |
| <input type="checkbox"/> Other (Please describe)_____       |   |

**References**

Please list three references that we may contact. (One reference must be a faculty advisor or professor. Only 1 reference may be personal.)

Name:\_\_\_\_\_  
Address:\_\_\_\_\_  
\_\_\_\_\_  
Relationship:\_\_\_\_\_

Phone:\_\_\_\_\_  
Years Known:\_\_\_\_\_

Name:\_\_\_\_\_  
Address:\_\_\_\_\_  
\_\_\_\_\_  
Relationship:\_\_\_\_\_

Phone:\_\_\_\_\_  
Years Known:\_\_\_\_\_

Name:\_\_\_\_\_  
Address:\_\_\_\_\_  
\_\_\_\_\_  
Relationship:\_\_\_\_\_

Phone:\_\_\_\_\_  
Years Known:\_\_\_\_\_

Additional information we should know or comments:\_\_\_\_\_

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

**Confidentiality:** I agree to keep the agency’s location and all client information and identities confidential.

\_\_\_\_\_  
Perspective Intern Signature

\_\_\_\_\_  
Date

**Mandated Reporting:** DOVE, Inc. staff are mandated by the Commonwealth of Massachusetts to report all suspicions of abuse or neglect of children, adults 60 years of age or older, and disabled persons, to the proper authorities. I will report any and all suspicions of abuse or neglect of children, adults 60 years of age or older, and disabled persons to DOVE, Inc. staff immediately.

\_\_\_\_\_  
Perspective Intern Signature

\_\_\_\_\_  
Date