



Dear Potential Intern or Volunteer;

Thank you for your interest in the Colorado Organization for Victim Assistance Victim Services Intern Program! We look forward to meeting with you!

This application will be used both before and after your interview to place you with the Host Agency that will best fit your needs (page 7 includes a partial list of Host Agencies). Please keep this in mind while filling in your answers.

After you have completed the application, you may return it either through regular postal mail or by fax to:

COVA  
90 Galapago Street  
Denver, CO 80223  
FAX: 303-861-1265

Thank you again!!

Ami C. Gerstner  
Victim Services Intern  
Program Coordinator



COLORADO ORGANIZATION *for* VICTIM ASSISTANCE  
90 Galapago St  
Denver, CO 80223  
Phone 303-861-1160 Fax 303-861-1265

## VICTIM SERVICES INTERN PROGRAM APPLICATION

Applicant name: \_\_\_\_\_ DOB: \_\_\_\_\_

Residence address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

### PHONE NUMBERS:

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

OFFICE/OTHER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you fluent in a language other than English? \_\_\_\_\_ What? \_\_\_\_\_

read? \_\_\_\_\_ write? \_\_\_\_\_ speak? \_\_\_\_\_

Do you identify with a specific culture? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, which culture? \_\_\_\_\_

How do you self-identify, racially? \_\_\_\_\_

Are you an individual with a disability? \_\_\_\_\_ If yes, state the nature of your disability? \_\_\_\_\_

\_\_\_\_\_

In what college, university, or alternative curriculum are you enrolled, and what is your

status/standing: \_\_\_\_\_

What is your major: \_\_\_\_\_ GPA: \_\_\_\_\_

Are you declaring a minor? \_\_\_\_\_, If yes, in what? \_\_\_\_\_

Are you an undergrad? \_\_\_\_\_ Grad? \_\_\_\_\_ Doctorate? \_\_\_\_\_

Number of credit hours this semester? \_\_\_\_\_ Date of graduation? \_\_\_\_\_

Academic Advisor's name: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TELL US ABOUT YOURSELF**

Why are you seeking an internship with a victim services focus?

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List, in order of preference, the internship desired and why:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

Do you have any experience working with crime victims? If so, where, and what was your perception of that experience? \_\_\_\_\_

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Have you done volunteer work? If so, where? \_\_\_\_\_

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How do you manage your stress, and what do you do to limit your stress? \_\_\_\_\_

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Do you have a self-care plan (how do you take care of yourself)? \_\_\_\_\_

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List two of your favorite things to do: \_\_\_\_\_

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Do you work best alone, or in a team? \_\_\_\_\_

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Are you able to give a one-year commitment to COVA and your host agency? \_\_\_\_\_

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**\*\*Please attach a sample of your writing addressing your expectations of the Intern Program and what you would like to gain most from your internship.**

I have answered all of the questions truthfully.

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

**REFERENCES AND EMERGENCY NOTIFICATION**

**IN CASE OF AN EMERGENCY, WHO SHALL WE CONTACT?**

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

PHONE(S): \_\_\_\_\_

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

\*\*\*\*\*

**Please list three references, one professional, one academic, and another that is not related to you:**

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

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

Professional relationship: \_\_\_\_\_

\*\*\*\*\*

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

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Academic/Campus address: \_\_\_\_\_

\*\*\*\*\*

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

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

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

\*\*\*\*\*

**Office Use Only**

Interview date: \_\_\_\_\_ Place: \_\_\_\_\_

Host Agency interview date: \_\_\_\_\_ Agency: \_\_\_\_\_

Host Agency interview date: \_\_\_\_\_ Agency: \_\_\_\_\_

Placement date: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job description in file: \_\_\_\_\_ W-4 Form \_\_\_\_\_ WCForm \_\_\_\_\_

Date of mid year evaluation: \_\_\_\_\_

COVA Conference attendance: \_\_\_\_\_

Date of final evaluation: \_\_\_\_\_

Exit interview: \_\_\_\_\_

Intern meetings attended: \_\_\_\_\_

Comments/Other: \_\_\_\_\_

\_\_\_\_\_

Letter of reference: \_\_\_\_\_

Other trainings, conferences, workshops, & seminars: \_\_\_\_\_

\_\_\_\_\_

## **COVA Victim Services Intern Program**

### **AGREEMENT**

#### **PURPOSE & OBJECTIVES**

The purpose of the **COVA Victim Services Intern Program** is to provide a paid practicum in the field of victim services to students of under-represented populations. The objective focus is on cultivating career opportunities, full time employment and increasing sensitivity and awareness in cultural and environmental issues within both the system and non-system sectors.

#### **SUPERVISION AND SUPPORT:**

The host agency and the COVA VSI Program has a commitment to the training and experience for the intern within victim services by providing 30-50% direct service contact. A primary supervisor is assigned to the student-intern to provide specific job-related supervision at the host agency site. A mentor from the COVA VSI Program Advisory Board will be available to the student-intern on an as-needed basis, for the purpose of networking, support and guidance. The COVA VSI Program coordinator is available at all times to the student-intern for mentoring, networking, placement opportunities, guidance and other related support.

#### **JOB DESCRIPTIONS**

A basic job description from the host agency, in which the intern is placed, will be provided to the intern prior to or on his/her first day on the job. The job description is subject to change in order to provide a continuous challenge for the intern, and to accommodate the academic schedule of the intern. A copy of the job description must be sent to the COVA VSI Program coordinator.

#### **EVALUATION & FEEDBACK**

Initially, in the first ninety days there will be an evaluation of the compatibility between intern and the host agency. Then every sixth months the student-intern and the host agency will have the opportunity to evaluate each other. The evaluation will provide a foundation for feedback, and goal setting, which is essential for progress and growth within the victim services field, and to accomplish the objectives of the COVA VSI Program.

**Intern:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COVA VSI Program Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Ami C. Gerstner**

**VICTIM SERVICES INTERN PROGRAM**



**AUTHORIZATION TO RELEASE INFORMATION**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I, \_\_\_\_\_ hereby authorize the COVA Intern Program coordinator to contact the references I have provided.

I, \_\_\_\_\_ hereby authorize the COVA Intern Program coordinator to conduct a criminal history and background investigation.

I, \_\_\_\_\_ understand the information collected may be sensitive, confidential, and privileged and that this information will be used only as an evaluation tool to determine my suitability and eligibility with the COVA Intern program.

I, \_\_\_\_\_ certify that my statements in this application are complete and correct and I have answered all the questions to the best of my knowledge.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Social Security Number



COLORADO ORGANIZATION for VICTIM ASSISTANCE
90 Galapago St
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Phone 303-861-1160 Fax 303-861-1265

CRIMINAL HISTORY/BACKGROUND CHECK INFORMATION

PLEASE PRINT

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN#: \_\_\_\_\_

PLACE OF BIRTH, CITY, COUNTY & STATE: \_\_\_\_\_

HAVE YOU EVER USED OR BEEN KNOWN BY ANOTHER NAME? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE LIST THE NAMES: \_\_\_\_\_

DO YOU USE A NICKNAME, PLEASE LIST: \_\_\_\_\_

DRIVER'S LIC./STATE ID# \_\_\_\_\_ STATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

HAVE YOU EVER HAD YOUR DRIVING PRIVILEGES REVOKED? \_\_\_\_\_ SUSPENDED? \_\_\_\_\_

RESTRICTED? \_\_\_\_\_ OR DENIED? \_\_\_\_\_.

DO YOU HAVE DEPENDABLE TRANSPORTATION? \_\_\_\_\_

IF YOU OWN AND/OR DRIVE A VEHICLE DO YOU HAVE THE APPROPRIATE AUTO INSURANCE PURSUANT TO COLORADO STATE LAW? \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF SO, WHERE?: \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN: \_\_\_\_\_

IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD? \_\_\_\_\_

I understand and consent to a background check, and the sharing of information with a prospective host agency.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

\*\*\*\*\*

DATE RUN: \_\_\_\_\_ CLEAR: \_\_\_\_\_ NOT CLEAR: \_\_\_\_\_

# Victim Services Intern Program

## HOST AGENCY LIST

### 1<sup>st</sup> Judicial District (Jefferson, Gilpin Counties)

WINGS Foundation  
Division of Criminal Justice, Victims Programs  
Family Tree - all entities including the shelter  
Lakewood Police Department, Victim Assistance Unit (pending)  
Victim Outreach Information Center  
Jefferson County Sheriff's Office  
1<sup>st</sup> Judicial District Attorney's Office

### 2<sup>ND</sup> Judicial District (Denver County)

Amend, Capital Hill Neighborhood office  
Colorado Attorney General's Office, Victim Services  
The Center for Community Excellence and Social Justice  
Denver District Attorney's Office  
Denver City Attorney's Office, the Domestic Violence Unit  
Denver Police Department, the Victim Assistance Unit  
Denver Juvenile Probation, Office of Victims Services  
Denver Adult Probation, Office of Victims Services  
Denver Safehouse  
Denver Victims Service Center  
DOVE  
Family/Play Therapy Institute  
Healing from the Heart  
Project PAVE  
Rape Assistance and Awareness Program

### 18<sup>th</sup> Judicial District (Arapahoe, Douglas, Elbert, Lincoln)

Amend, south office  
Arapahoe County District Attorneys Office  
Aurora Police Department, Victim Services Unit  
Community Alternatives, Victim Services  
Glendale Police Department, Victim Services Unit  
Gateway Battered Women's Shelter  
Project Safeguard (pending)  
Rape Assistance and Awareness Program, south services

### 20<sup>th</sup> Judicial District (Boulder)

Boulder County District Attorney's Office, Probation Services  
University of Colorado, Boulder Campus, Victim Assistance Services  
Blue Sky Bridge, Boulder

### VOCA

Broomfield Police Department