



## HAMPTON VICTIM SERVICES UNIT VOLUNTEER/STUDENT INTERNSHIP APPLICATION

Dear Prospective Intern/Volunteer:

Thank you for your interest in volunteering or interning with the Hampton Victim Services Unit. Our organization appreciates and depends on people like you who want to assist victims of crime. The purpose of Hampton Victim Services is to assist victims and witnesses with their involvement throughout the criminal justice process in the city of Hampton. Our goal is to ensure that the rights of victims and witnesses are not overlooked. We want to minimize any frustrations associated with coming to court by providing appropriate information and services to crime victims and witnesses.

Hampton Victim Services Unit Volunteer/Student Internship Program will recruit, train, and place volunteers and interns in positions to work with victims, witnesses, attorneys, law enforcement, and Victim Advocates. The volunteers and interns will allow the Victim Services program to serve victims and witnesses in a more efficient and effective manner.

### **APPLICATION:**

All areas of the application must be completed. Incomplete applications cannot be processed and may result in a delayed response.

- **Resume-** all interns must attach a resume to the application
- **Personal references-** list two personal or professional references
- **Schedule-** please list a tentative schedule
- **Certification page/Background check-** please sign and date. Volunteers and Interns cannot have any felony or misdemeanor convictions.

### **INTERVIEWS:**

Once an application has been received and screened, the Volunteer Coordinator will contact prospective interns and volunteers to schedule an interview. A background check will be conducted after the interview.

### **ACCEPTANCE:**

Volunteers and Interns who have been accepted will be notified via phone or email.

### **TRAINING:**

All volunteers and interns are required to attend a training session conducted by the city of Hampton Human Resources Department before they begin work. There will also be an on-the-job training at the Victim Services Unit office.

All volunteers and interns must be at least 18 years of age and must be available to work a minimum of 10 hours per week. Please feel free to contact us with any questions at 757-726-6978. Please return all completed applications to:

Hampton Victim Services Unit  
Volunteer/Intern Coordinator  
236 N. King Street  
Hampton, VA. 23669

Or by fax to: 757-726-6917

**Thank you again for your interest in helping us serve victim and witnesses of crime.**



## VOLUNTEER AND STUDENT INTERNSHIP APPLICATION

Volunteer

Date of application: \_\_\_\_\_

Intern School: \_\_\_\_\_ area of study/major: \_\_\_\_\_

Number of hours required: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

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Last name first name middle initial date of birth

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Street address city state zip

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home phone# cell phone#

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Email address

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Name of emergency contact phone# relation

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Current employer phone#

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Employer street address city state zip

### **DEMOGRAPHICS:**

The following information is for statistical purposes only.

SEX  male  female

ETHNICITY  African American  white  Hispanic  Asian  other \_\_\_\_\_

Are you requesting an internship to fulfill school requirements?  Yes  No If so, how many hours are needed? \_\_\_\_\_

What is the time frame for completing your hours? Date: From \_\_\_\_\_ to \_\_\_\_\_

What school are you attending? \_\_\_\_\_ Class \_\_\_\_\_

What is the highest level of education you have completed? High School \_\_\_\_\_ College \_\_\_\_\_ Graduate School \_\_\_\_\_

What School? \_\_\_\_\_ Degree earned \_\_\_\_\_

**Please provide a tentative schedule of your available hours. Volunteers and Interns should be available at a minimum of 10 hours a week. Hampton Victim Services Unit will try to accommodate your schedule.**

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
|        |         |           |          |        |          |

What do you hope to gain from volunteering/interning with Hampton Victim Services Unit? \_\_\_\_\_

Do you have any previous or personal experience working with victims of crime? \_\_\_\_\_

There may be times when volunteers/interns are needed to work on a Saturday. Would you be available to work on a Saturday, if needed? \_\_\_\_\_

List any special skills that you possess or trainings that you have attended. (Second languages, mediation skills, counseling experience, etc) \_\_\_\_\_

List any organizations to which you belong: \_\_\_\_\_

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### Criminal Background Information

Have you ever been arrested OR convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been placed on probation?  Yes  No If yes, please explain: \_\_\_\_\_

Do you know someone who currently or previously has a criminal case pending in the Hampton Commonwealth Attorney's Office?

Yes  No  If yes, please explain: \_\_\_\_\_  
**Previous Work/Volunteer/Internship Experience**

Agency/Organization

Address City/State Zip Phone number

Position Supervisor's Name

Dates of employment

Duties and Responsibilities

Agency/Organization

Address City/State Zip Phone Number

Position Supervisor's Name

Dates of employment

Duties and Responsibilities

**PERSONAL REFERENCES:**

Please list two (2) references (not related to you) who can speak to your character, work habits, or former volunteer work.

Name

Name

Address

Address

City/State /Zip

City/State/Zip

Phone Number

Phone Number

## **CERTIFICATION**

I HEREBY CERTIFY that all statements made on this application are true, correct, and complete to the best of my knowledge. I give the HAMPTON VICTIM SERVICES UNIT the right to investigate all information contained in this application and to secure additional information about me if related to my volunteer/internship position. I hereby release from liability the HAMPTON VICTIM SERVICES UNIT and its representatives for seeking such information and other persons, corporations, or organizations for furnishing such information. Also, as a condition of volunteering/interning, I hereby authorize the HAMPTON VICTIM SERVICES UNIT to conduct a background check. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may be grounds for termination or volunteer/intern services. Additionally, I understand that I must disclose to the HAMPTON VICTIM SERVICES UNIT any future arrests, and/or convictions or adjudications of guilt withheld which may occur during my tenure with the HAMPTON VICTIM SERVICES UNIT and that failure to do so may result in my dismissal. I understand that all volunteers/interns of the HAMPTON VICTIM SERVICES UNIT are at will. Both the volunteer/intern and HAMPTON VICTIM SERVICES UNIT have the right to terminate service at any time for any reason.

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

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

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

### **SEND YOUR COMPLETED APPLICATION TO:**

Hampton Victim Services Unit  
ATTN: Latasha Powell-Mason  
236 N. King Street  
Hampton, VA 23669  
Or by fax : 757-726-6917  
Or email: [lrpowell@hampton.gov](mailto:lrpowell@hampton.gov)