

CRYSTAL JUDSON FAMILY JUSTICE CENTER INTERNSHIP APPLICATION FORM

Please return completed application packet to:
Crystal Judson Family Justice Center, 718 Court E, Tacoma, WA 98402

Your application will not be considered unless you have completed the entire application and provided an up to date resume, cover letter, and provided three references.

PLEASE PRINT IN INK

TERM YOU ARE APPLYING FOR: Summer/ Fall/ Winter/ Spring			
NAME:			
_____	_____	_____	_____
Last	First	Middle	Suffix

THE FOLLOWING INFORMATION IS CONFIDENTIAL

SOCIAL SECURITY NUMBER:	
MAILING ADDRESS:	
Street Apt/Unit or PO Box	
City State Zip Code	
PHONE NUMBER: () _____	CELL PHONE NUMBER: () _____
E-MAIL ADDRESS:	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender, FtM spectrum <input type="checkbox"/> Transgender, MtF spectrum	
BIRTH DATE: Some jobs have a legally required minimum age. Provide your entire birth date to be considered for these type(s) of jobs. Month: _____	
Day: _____ Year: _____	
WASHINGTON DRIVER'S LICENSE :	

EDUCATION: This section must be accurate and complete. The application is used to determine if you meet the minimum requirements as published in the internship announcement.				
High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No			GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)				
Name		Location		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours

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Questions: Briefly respond to the following question in 250 words or less.

1.) Briefly describe your understanding of domestic violence.

2.) Briefly describe your preferred supervision style.

3.) Briefly explain your long-term education and/or employment goals.

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the internship for which you are applying to.

Name	Business/Occupation	Relationship	
Address (Street, City, State, Zip Code)		Phone	E-mail
Name	Business/Occupation	Relationship	

Address (Street, City, State, Zip Code)		Phone	E-mail
Name	Business/Occupation	Relationship	
Address (Street, City, State, Zip Code)		Phone	E-mail

Pre-Interview Information:

1. Are you unable to intern a minimum of 8 hours per week? Yes No
2. Are you unable to make a 1 semester (2 quarter) commitment to the FJC as an intern? Yes No

Day(s) able to intern:

Mon Tue Wed Thur Fri

Shift able to intern:

8:30 AM -12:30 PM 12:30 PM - 4:30 PM

CERTIFICATION: I certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for an internship with the Tacoma/Pierce County Family Justice Center.

Signature

Date

FJC USE ONLY	
Application Received:	Application Entered:
Application Reviewed: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional Accept	
Reason for reject/conditional accept:	

Interviewed Background packet Background checked Assigned to Position

Day(s) able to volunteer:

Mon Tue Wed Thur Fri

Shift able to volunteer:

8:30 AM -12:30 PM 12:30 PM - 4:30 PM