PO Box 8517 Moscow, ID 83843 Tel: (208) 882-2490 PO Box 37 Pullman, WA 99163 Tel (509) 332-0552

Supporting survivors on the Palouse for over 45 years!

Internship Questionnaire

Please answer the following questions:

1.	Why you are interested in an internship with ATVP?				
2.	2. What particular skills do you have that would benefit you in working with victims and survivors of crime.				
3.	Do you have particular interests, projects, ideas, or tasks that you would like ATVP to consider for your internship?				
I woul	d like to provide:				
	Direct Program Participant work				
	Non-Direct Program Participant work				
	Both				
An in	ternship here at ATVP is a professional, voluntary, unpaid position. Please initial the ing:				
	I understand the ATVP does not offer paid internships.				
emplo	_ I understand that if I am selected as an intern, and I become an ATVP employee during ernship period, it will be necessary to ensure that internship hours and hours of paid staff yment are clearly separated. The Executive Director will determine whether a modification internship agreement is required.				
-	I understand that if I am offered an internship, I will be expected to conduct myself in a sional manner in line with agency expectations, adhere to ATVP policies and procedures, ing maintaining confidentiality of ATVP service participants.				
univer	If selected, I will ensure the ATVP Program Manager receives all my sity/department paperwork related to the internship as appropriate. I will be responsible				



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for ensuring th	at my cours	se supervisor rece	ives all material needed from ATVP to provide	me
with academic	course cred	dit.		
I und	erstand that	t if a continuation	of the internship beyond the initial agreed-upon	n dates
is offered, a ne	w letter of	acceptance will no	eed to be agreed to and signed.	
			vith my regular volunteer advocate responsibilit	ies
and requirement	nts for the l	notline while I am	an intern.	
I am	able to use	the following con	nputer software with proficiency:	
Word	Excel	Access	MS Publisher	
List others as p	oropriate: _			
Amaliaant Sian	a o tramos		Data	
Applicant Sign	iaiuie:		Date:	