

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

or email to: familyjusctr@piercecountywa.gov

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):

Preferred Pronouns: She/Her/Hers He/Him/His They/Them/Theirs Other: _____

THE FOLLOWING INFORMATION IS CONFIDENTIAL

MAILING ADDRESS:

Street Apt/Unit or PO Box

City State Zip Code

PHONE NUMBER: ()

E-MAIL ADDRESS:

BIRTH DATE: _____
MM/DD/YEAR

Some jobs have a legally required minimum age. Provide your entire birth date to be considered for these type(s) of jobs.

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/GED: Yes 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 what experiences you are hoping to get out of an internship.

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
Phone	E-mail	
Name	Business/Occupation	Relationship
Phone	Email	
Name	Business/Occupation	Relationship
Phone	E-mail	

Pre-Interview Information:

1. Are you able to intern a minimum of 8 hours per week? Yes No
2. Are you able 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 Crystal Judson Family Justice Center.

Signature

Date

FJC USE ONLY

Application Received:

Applicant contacted to set interview date/time:

Application Reviewed: Accepted Rejected Conditional Accept

Reason for reject/conditional accept:

Interviewed Background packet Background checked Assigned to Position

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Mon Tue Wed Thur Fri

Shift able to intern:

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

Additional Notes: