



*The door to a future free from violence.*

# THE WOMEN'S CENTER

405 County Street  
New Bedford, MA 02740

**Satellite Office:**  
209 Bedford Street  
Fall River, MA 02720

BUS: (508) 996-3343  
FAX: (508) 999-7139

[www.thewomenscenter.org](http://www.thewomenscenter.org)

24-Hour HOTLINE: (508) 999-6636  
TTY: (508) 996-1177

## INTERNSHIP APPLICATION

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Times to Call: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Times to Call: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Times to Call: \_\_\_\_\_

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

### EDUCATION

What college/university are you currently attending? \_\_\_\_\_

Will you be receiving credits for this internship? YES \_\_\_\_\_ NO \_\_\_\_\_

How many semesters/weeks will the internship cover? \_\_\_\_\_

### AVAILABILITY

What days and times of the week are you available to volunteer?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Weekends \_\_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have access to a car? YES \_\_\_\_\_ NO \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

How did you learn about our internship program? \_\_\_\_\_  
\_\_\_\_\_

Why do you wish to intern at The Women’s Center? \_\_\_\_\_  
\_\_\_\_\_

Please describe any previous *volunteer* experience (include organization and type of work)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL EXPERIENCE**

Are you fluent in any other language besides English?      YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, which? \_\_\_\_\_

Do you have any relevant life experiences dealing with Domestic Violence or Sexual Assault (self, friend, family member, etc.)? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else that you would like to share about yourself? \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please identify two educational/professional references:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Please return this application promptly to **405 County Street, New Bedford, MA 02740** so that a personal interview can be arranged. All candidates will be asked to give permission for a criminal record check (CORI) as a necessary prerequisite. Questions, concerns and comments can be brought to the attention of:

**Rebecca Arruda, Volunteer/Education Outreach Coordinator**  
**(508) 996-3343 Ext. 16**

**Meridith Magee, Coordinator of Community Based Services**  
**(508) 996-3343, Ext. 15**

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