

**DC Rape Crisis Center
Internship Application**

Name _____ Date _____

Address _____

Email Address _____ Phone _____

Emergency Person/Phone # _____

Relationship to you _____

Educational Institution _____

Expected Date of Graduation _____

Field of Study _____

Duration of internship (start and end dates) _____

Number of hours a week you will be available _____

Which internship position interests you the most? (circle one)

Counseling & Advocacy Administration/Development Community Education

**On a separate piece of paper, please write an essay that addresses the following questions.
All answers must be typed.**

*What do you hope to learn from an internship? Please be as specific as possible.

*What skills or experiences would you be bringing to an internship?

*Why are you interested in an internship with the DC Rape Crisis Center?

*Is there anything else that you would like us to know about you?

Please complete this questionnaire and return it along with a resume by email or to:

DCRCC Internship Coordinator; PO Box 34125, Washington, DC 20043