

Volunteer / Internship Application

To fill out this form, please use the <u>Adobe Acrobat Reader app (free)</u> or write neatly.

Applicant	t informa	tion					
First name:			ast name:			Date of birth	•
riist iiaiile.		-	ast Haille.			Date of birti	l .
Street addre	ess:					Apt/Unit:	
						•	
City:		C	tate/Country	7•		Zip:	
City.		3	tate/ Country	•		∠ip.	
Daytime ph	one #:			Cell phone #	‡ :		
Email addre	ec.						
Liliali audi e	.55.						
Have you e	ver been co	nvicted of	a felony or	If yes, please e	explain (att	ach separate :	sheet if
misdemean	or?			necessary):			
				,,,			
	V [No					
Ш	Yes	INO					
NOTE: Answer	-	necessarily d	isqualify you				
from considera	tion.						
How did yo	น hear aboเ	ut the Ores	on Coalition	Against Dome	estic and S	exual Violen	ce?
(max. 100 w		`		J			
(IIIax. 100 W	701 U3)						
Availabili	tv						
	_ <u></u>						
Please chec	k months o	t availabili	ty:				
☐ January	Februar	rv	-h □Anril		ne 🗀 July	/ August	
Janaan y		, <u> </u>	сп шлеп		пе шзап		
	□• .		. —				
Septemb	er ∐Octo	ber ∐No	ovember 🔲[December			
Please							
check your							
general	Sunday	Monday	Tuesday	Wednesday	Thursday	/ Friday	Saturday
availability							
Morning							
(8am-12pm)							
Afternoon							
(12 Fpm)							

Areas of Inte	erest				
	which area(s) interes	t vou:			
Check any/all that a		, - , -			
Systems	Health	Resear	ch	☐ Prevention	Trainings
partnerships	systems				
Events	Equity/	Sexual		☐ Domestic	☐ Development/
	inclusion	violen	ce	violence	grants
Legislation	Anti-	☐ Marke	ting &	Other, please	explain:
and policy	oppression	communio	cations:		
	or dismantling				
	racism				
Experience/	education and sl	kills			
Current employ		Full-time		Part-time	Not Employed
. ,	_			_	, ,
Are you current	ly a full-time studen	t?	If yes,	please indicate sch	ool:
Yes No			'	•	
Degree(s) in pro	gress or received:		Area(s	of study:	
Associate's	Bachelor's	Master's		•	
		_			
Doctorate	Certificate				
Do you speak ar	ny language other th	an	If yes, p	olease list language(s	5):
English?					
Yes No)				
			Bas	sic 🗌 Semi-Fluer	nt 🗌 Fluent
Computer skills,	/software used:				
Have you receiv	ed training on dome	estic and se	xual viol	ence or another re	lated topic? If yes,
where and wher	n? (max. 100 words)				

Personal Information	
Why are you interested in becoming a volunteer or intern with our organization?	
(max. 100 words)	
(
What specific experience would you like to gain through volunteering or interning, and	
what are your three primary goals? (max. 150 words)	
what are your times primary goals: (max. 150 words)	
How do you intend to apply the experience you may obtain through this internship to	
your work, studies, and/or personal and professional growth? (max. 150 words)	
Describe your long-term career goals: (max. 100 words)	
Describe your long term career godis. (Illan. 100 Words)	

		fo (e-mail and/or phone number)
		fo (e-mail and/or phone number)
		fo (e-mail and/or phone number)
		fo (e-mail and/or phone number)
Name	Relationship and contact in	fo (e-mail and/or phone number)
my knowledge. If this	Relationship and contact in	rs are true and complete to the best of nment, I understand that false or

How do you see your skills and areas of expertise benefiting the work of the Oregon

Please note: The Oregon Coalition Against Domestic and Sexual Violence is unable to offer paid internships at this time.

If you have any questions, contact:

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