



6375 W. Charleston – W1B
Las Vegas, NV 89146

Phone: (702) 385-2153 * **Fax:** (702) 385-7659

Volunteer/Intern Application

Today's Date: ____/____/____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Work Phone: () _____ - _____ Email: _____

Employed: No Part-time Full-time Where: _____

Occupation: _____

Do you have adequate transportation? Yes No

Education Completed: H.S. GED College: 1 2 3 4 BS BA JD LCSW/MFT MSW MD PhD PsyD

College Attended: _____
Name & State Dates Attended

If you are applying to be an intern with The Rape Crisis Center, please list your school and major:

School

Major

Other Education or Specialized Training (Please list institution attended, degree or certification received, and state institution is located in.)

2nd Language(s) Spoken Fluently: _____

Read: _____ Write: _____

Have you ever been convicted of a felony or serious misdemeanor crime? No Yes

If “yes”, please state the nature of the crime(s), when and where convicted, and dispositions of the case:

How did you hear about us? _____

Why do you want to volunteer with The Rape Crisis Center:

What is your volunteer experience: _____

What Clubs and/or Community Organizations are you affiliated with?

Do you have any experience with crisis intervention? No Yes If “yes”, please explain:

My preference is to be on-call doing direct crisis intervention for sexual assault victims at University Medical Center (UMC). No Yes

My preference is to assist The Rape Crisis Center at their office and in the community with such tasks as answering hotline calls, following-up victims, making referrals, entering data, attending community outreach events, doing prevention education, and planning and assisting in fundraising, etc. No Yes

If “yes”, please explain your preferences:



Professional References: Please list two adults who have know you for at least one year in a professional capacity.

Name: _____ Phone: () _____ - _____

Address:

City: _____ State: _____ Zip: _____

How do you know them: _____

Name: _____ Phone: () _____ - _____

Address:

City: _____ State: _____ Zip: _____

How do you know them: _____

Any additional comments or things you would like us to know about you:

Please Read the Following Carefully Before Signing

I certify that all statements contained in this application are true and correct to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for dismissal. I further understand that any offer to work with The Rape Crisis Center (RCC) is subject to the successful completion of a background investigation and the 50-hour RCC training course. I give my consent to any person, firm, or organization listed herein to furnish RCC with the information concerning my character, past employment, or other information pertinent to my volunteer position with RCC.

Signature

Date

Rape Crisis Center (RCC) is an equal opportunity employer.
RCC does not discriminate on the basis of race, ethnicity, color, age, religion, sex, or qualified handicap.

For Office Use Only

Date Received: ____/____/____

Date Called to Set Interview: ____/____/____

Date of interview: ____/____/____ Time: _____ am/pm