ADVOCACY INTERNSHIP APPLICATION



persona	l data				
Name:					
Phone:	E-m	ail:			
Address:					
Gender	(if not located in Denver,	please	include a	nticipated	move date)
identity:	Pronouns:				
Race/ ethnicity:		option	-al)		
Education level:	1st year graduate student	option		year gradu	ate student
University:	Metropolitan state university	ity	Uni	versity of D	Denver
requirer	ments				
This position commitment?	is a one year commitment, are	you a	ble to giv Yes	e the requ	ired one-year No
•	U student, please be aware the ning you are able to do?	at the	position s	starts earl	ier than the DU, No
This position requires attendance at a 35 hour helpline training in August and a flexible schedule on non-class days to accommodate clients. Is this something you					
are able to commit to?		0	Yes		No
-	requires you to take on-call sh clude weekends. Is this someth			•	once trained,
		0	Yes		No
general	information				
please se	lect any previous experien	ces t	hat appl	y to you:	
Tea	aching topics of gender violence:	0	Yes		No
V	Vorking one on one with clients:	0	Yes		No
	Working in crisis intervention:	0	Yes	0	No
	Working with trauma:	0	Yes		No
	Working on a hotline:	0	Yes		No
	Working in a team:	0	Yes		No

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Have you experienced If yes, how do you feel	•	• •		Yes r role as	a PCA	No intern
employment						
Current Employer:						
Position Title:		(or mo	ost recent)			
Supervisor Name:			Phone:			
Start Date:		End Da	ate:			
education						
Undergraduate Institu	ution:					
Major or Degree:						
Minor/concentration/ work/study/activity:						
Gradutation Semeste	r + Year:					
· ·	the following	graduate education duate degree that	on information	if you l	nave ently	
Graduate Degree:						
Gradutation Semeste	r + Year:					
background in	formation					
Have you ever been ar offense? If yes, please		ged with anyth	ing other tha		or traff No	

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ave you ever been convicted of a felony? yes, please explain:		0	Yes	0	No	
Do you use alcohol and/or hak	oit forming substances e	xcessivel	y or reg	ularly?		
If yes, please explain:		0	Yes	0	No	
Have you ever had a protection If yes, please explain:	n order against you?		Yes		No	
Have you lived in a state other	r than Colorado since yo	u were 1	•	old?	Na	
State:	Dates:	O	Yes	0	No	
State:						
State:	Dates:					
State:	Dates:					
references						
(please lis	st 3 referenced that are not	friends/far	nily)			
Name:	PI	none:				
Relationship to you:						
Name:	PI	hone:				
Relationship to you:						
Name:	Р	hone:				
Relationship to you:						

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(applicant signature)



(date)

consent
I consent to a background check: Yes No (I am aware this is required to be an intern for the PCA)
I confirm that I will email this application with my resume/CV (optional cover letter) to harriet.mctigue@ucdenver.edu within 24hrs of submitting this application Yes No
By signing below, I certify that the information on this application is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts could be cause for immediate dismissal or disqualification from the application process. I authorize The Phoenix Center at Auraria (PCA) to investigate all statements contained in this application for a field placement, as well as my character and qualifications. I authorize PCA to contact any of my references for full information. I authorize all listed references to provide PCA with information requested in the inquiry of my character and qualifications. I understand that a criminal record check will be conducted on my background.

Please submit this application with your resume/cv (optional cover letter) to the Advocacy Services Program Manager, Harriet McTigue, at Harriet.mctigue@ucdenver.edu. If you have any questions about the application or internship, please also reach out to Harriet via email or call 303-315-7250