

## Volunteer/ Internship/Rule 9 Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell phone/Pager: \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

### Education:

Completed

- High school/ GED
- Vocational/ Business School
- College
- Graduate School
- Law School

Currently Enrolled

- College Circle current standing:  
Fr So Jr Sr
- Graduate School
- Law School Circle current standing:  
1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>
- Vocational/ Business School

Additional Training: \_\_\_\_\_

Languages Spoken Fluently: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Please state your career goals: \_\_\_\_\_

The Criminal Division needs help in the following areas. Check areas of interest.

- |   |  |
|---|--|
| <input type="checkbox"/> Crimes against the elderly | <input type="checkbox"/> Victim and witness contact                |
| <input type="checkbox"/> Domestic Violence Unit     | <input type="checkbox"/> Rule 9 Internship (3rd year law students) |
| <input type="checkbox"/> Harassment Victim Advocacy | <input type="checkbox"/> Research and statistical reports          |
| <input type="checkbox"/> Child abuse cases          | <input type="checkbox"/> Assisting with the Volunteer Program      |
| <input type="checkbox"/> Community Court Program    |  |

It is our goal to match your interests and skills with the needs of this office. However, assignment of specific tasks will be at the discretion of the supervisor.

**Complete the following if you are expecting to receive course credit.**

Professor or contact person: \_\_\_\_\_ Ph. ( ) \_\_\_\_\_  
Course or Major: \_\_\_\_\_

Why are you interested in volunteering in the Criminal Division?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your knowledge of, or experience with, the criminal justice system.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_  
If yes, when and where? \_\_\_\_\_

How did you learn of this opportunity? \_\_\_\_\_

The office is open between the hours of 8:00 am and 5:00 pm Monday through Friday.  
Indicate when you are available.

Days: Monday      Tuesday      Wednesday      Thursday      Friday  
\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

Total Hours/ Week: \_\_\_\_\_ (Minimum hours for an internship: 8/week)

Expected start date: \_\_\_\_\_ Expected end date: \_\_\_\_\_

**You will need to attach the following to your application. We are unable to process incomplete applications.**

1. Current resume
2. List of three professional references with addresses and telephone numbers
3. Completed and signed Criminal Background Record Information form (attached)

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

Please send your completed application materials to:

Volunteer Program Coordinator

Seattle City Attorney's Office

P.O. Box 94667

Seattle, WA 98124-4667

(206) 684-7757 Fax (206) 684-4648