Internship: Peaceful Paths Domestic Abuse Network

Address: 2100 NW 53rd Ave Suite A
Website: http://www.peacefulpaths.org  Phone: 352-377-8255
Contact Person: Jessica Williams  Email: JessicaW@peacefulpaths.org

Brief description/mission: We promote relationships free of violence and control by providing a safe place to receive intervention, advocacy, and education services using prevention strategies and community partnerships.

Number of Hours/Credits: Flexible, 1-3 credits. Interns keep track of hours using monthly in-house Volunteer Timesheets. Most internships require some reading and reflection on current practices in outreach work; time spent reading will count towards total hours.

Schedule Requirements: Interns set own schedule according to the amount of hours they are required to fulfill and the programs in which they are working. Interns working with support groups will need to conform to the group’s schedule. All interns must attend the mandatory training, described below.

Prerequisites/Qualifications: The only qualifications required for our internship are knowledge about and interest in the issues our organization deals with; a good attitude and professional demeanor; and willingness to work. However, all interns must complete a state-mandated 24 hour advocate-training program, plus another 6 hours in-service training on-site. (Hours spent in training will count towards the internship.) Once trained, individuals will be certified by Florida Coalition Against Domestic Violence as Advocates; certification is transferable to other domestic violence centers. Training will occur over several evenings and one or more weekend day; dates TBA. There is a $50.00 fee to cover the cost of training.

NOTE: The 2015/2016 internship announcement will be sent out in October and interviews will begin in November.

What activities will the intern take part in, and how do they relate to Women’s/Gender studies?
We have various outreach and shelter programs to suit a range of interests. They include: Child and Teen Program, Adult Programs, Shelter Advocate, ROAP (Restraining Order Assistance Program) Advocate, Thrift Store, or Administrative. Our internships are comprehensive and allow students to experience the ins and outs of serving the needs of victims and survivors of intimate partner violence and working with a community nonprofit organization. Undergraduate and graduate students are encouraged to apply. For more details on the programs above, please visit our website and use the drop down menus in the top boxes to browse the site.

Application Process
All prospective interns must complete the Peaceful Paths Volunteer Application on the next page. IN ADDITION, all prospective interns for the Violence Prevention Program must write a letter of application addressing the following questions:
1) What skills and expertise do you bring to the program
2) What skills or expertise do you wish to gain from the program
3) What are your future goals and how does this internship fit with that and
4) What do you identify as root causes of violence against women?

Completed applications and letters for the Violence Prevention Program should be submitted to Liz Martin at the email address above; completed applications for all other programs should be submitted to Sherry Perry at the email address above. All interns will be interviewed prior to admittance into an internship.

Updated 09/15
Volunteer Application

Last Name

First Name

Middle Name

Mr.  Ms.  Mrs.  Ms.

Preferred Nickname: ___________________________

Home Address

Street Address

Apartment Number

City

State

Zip

Home Phone Number

Business/Cell Phone Number

E-Mail

I prefer to be reached by:  □ Home Phone  □ Business/Cell Phone  □ E-mail

Is anyone else at this address a volunteer here?  No  □  Yes  □  If yes, what is their name? __________________________

Have you ever been a volunteer with us before?  No  □  Yes  □  If yes, when? __________________________

Personal Information

Date of Birth

Driver’s License Number

I am age 18 or older: Yes  □ No  □

Education (check all that apply)

□ High School Graduate

□ Undergraduate work/degree

School___________________________________________

Major__________________________________________

□ Graduate/Work degree

School___________________________________________

Employment Information

I am:  □ Employed  □ Un-employed  □ Retired  □ Student

Employer’s Name (or school)

Occupation

Language

Do you speak another language?  □ Yes  □ No

If so, what language(s)? __________________________

Medical Information

Do you have any medical conditions that would affect your ability to perform your volunteer duties?  Yes  □ No  □

If Yes, Please Explain:

______________________________
**Programs I am interested in include:**
(You are not limited to any one program and are not required to choose a program at this time)

- Outreach Advocate  
- Outreach Adult Support Groups  
- Outreach Children’s Support Groups  
- Administrative/Office  
- ROAP Advocate  
- Violence Prevention/Youth Education  
- Shelter Advocate  
- Shelter Adult Support Groups  
- Shelter Children’s Support Groups  
- Thrift Shop  
- Adult or Child Mentor  
- Special Events/ Fundraising  
- Community Outreach  
- No Client Contact Desired  
- Other__________________________

**Availability:**

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**How did you find out about our volunteer program and why would you like to volunteer with our agency? Would you like to share any experience, either professional or personal, you may have? If so, how do you believe it would contribute to or enhance your work with Peaceful Paths?**

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**I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.**

**I understand that I will not be paid for my services as a volunteer.**

**I have received the agency’s volunteer personnel policies and I agree to abide by the volunteer personnel policies of the agency.**

Applicant’s Signature__________________________________________ Date: __________________________

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