# Adult Probation
# Application for Internship

Please review the Internship Policy before applying

## Personal Information

Name(First and Last):

Address:

Cell Phone: Home Phone:

Email Address:

Are you 18 years of age or older? ◯ Yes ◯ No

Have you ever been convicted of a crime other than a minor motor vehicle offense? ◯ Yes ◯ No

If yes, explain:

Do you have a valid PA driver's license? ◯ Yes ◯ No

Do you have access to a car that you would be willing to use during the internship? ◯ Yes ◯ No

Can you provide proof of health insurance? ◯ Yes ◯ No

Were you referred to our program by an affiliate of Dauphin County?

If so, by whom?

How do you know this person?

## Educational Background

What semester and year are you requesting an internship?

Anticipated graduation date:

Advisor/counselor and contact information:

| Education | Name and Location of School | Years Completed | Diploma (Y/N) / GPA | Course of Study |
|---|---|---|---|---|
| High School | | | / | |
| College/Undergraduate | | | / | |
| Professional/Graduate | | | / | |
| Trade, Business, Other | | | / | |

List professional certificates, apprenticeships, specialized training or foreign language skills:

Please indicate ALL of the times you are available Monday through Friday from 8am to 4:30 pm:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

How many hours are required to satisfy your internship?

In case of emergency contact the following (mandatory 3 contacts):

| Name | Address | Phone | Relationship |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## Acknowledgement:

I hereby give the County of Dauphin the right to make a thorough investigation into my employment, education, and references. I release from liability all persons, companies, and corporations supplying such information and indemnify and hold the County of Dauphin from any liability which might result from such an investigation.

I further understand a background check shall be conducted to determine any suitability in accordance with the missions, policy, and procedures of the Adult Probation Department and the Court of Common Pleas of Dauphin County. I further agree to provide the necessary information to conduct such inquiries.

I further agree to adhere to the same standard of confidentiality that probation officers/staff are required to by law and to adhere to all policies and procedures.

By signing below, I attest that the information provided in this application is true and correct to the best of my knowledge.

Signature: