

**LANCASTER COUNTY
ADULT PROBATION & PAROLE SERVICES**

APPLICATION FOR INTERNSHIP

Name: _____
Last First MI

Current Address: _____
Street City State Zip code

Phone: _____

Are you 18 years of age or older: Y N

Have you ever been convicted of a crime other than a vehicle offense? Y N
If Yes: Type of offense: _____ **Date of offense:** _____

Education	Name/Location of School	Years Completed	Diploma/Degree	Course of Study
High School				
College/ Undergraduate				
Professional Graduate				
Trade, Business, Military, Other				

Bilingual? Y N **If Yes, language spoken:** _____

Internship Semester(s): Fall____(year) Spring____(year) Summer____(year)

Internship Information

Number of weeks: _____

Number of hours per week: _____ (minimum of 20)

Approximate start date: _____ **Approximate end date:** _____

Please indicate the times you would be available for an internship (if known) : Office Hours are 8:30 AM to 5 PM

	MON	TUES	WED	THURS	FRI
Morning					
Afternoon					

Comments: _____

Major:

Criminal Justice Social Work Psychology Sociology Other closely related field: _____

Each semester, an opportunity to intern with a special population may be made available. Please place a checkmark next to ALL special populations with which you may have an interest, if any:

- Treatment Courts
- Electronic Monitoring
- Domestic Violence
- Adults with mental illness or intellectual disabilities
- Sex offenses
- Crisis Intervention Team Training (Mental health training for law enforcement)

I confirm that this internship is a course for which I will receive academic credit (requirement):

Yes No

Name/Title of professor or coordinator overseeing internship: _____

Contact info: Email: _____ Phone: _____

References (work or educational only):

Name	Address	Phone	Relationship

The above made statements are true and correct to the best of my knowledge. I hereby give the County of Lancaster, the right to make a thorough investigation into my education and references. I release from liability all persons, companies, and corporations supplying such information and indemnify and hold the County of Lancaster from any liability which might result from such an investigation.

I further understand that a background check shall be conducted to determine my suitability in accordance with the Mission Policy, and Procedures of APPS and the Court of Common Pleas of Lancaster 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 checking the box below, printing my name and date, I am electronically signing this document.

Signature

Date