

CRIMINAL JUSTICE INTERNSHIP PROGRAM APPLICATION

Internship Committee
Nineteenth Judicial Circuit
215 West Water Street
Waukegan, IL 60085
(847) 377-4506

Please Include in Packet	Office Use only
<input type="checkbox"/> Internship Application <input type="checkbox"/> Writing Sample <input type="checkbox"/> Photo (If available) <input type="checkbox"/> Resume (If available) <input type="checkbox"/> Waiver and Release (Page 4 of the App.) (If Applicant is under 21 years of age, mail to above address: Attn: Jack Strong)	Rcvd: by: <input type="checkbox"/> Email <input type="checkbox"/> Postal
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	Rcvd: by: <input type="checkbox"/> Postal Mail only

(Please complete this form on the computer, then print or submit online)

PERSONAL INFORMATION

Name:	Date of Birth: <i>(Use mmddyyyy format)</i>
Home Address:	Soc. Sec. No:
Provide one or more of following forms of identification:	
<input type="checkbox"/> Drivers License No:	State of Issue:
<input type="checkbox"/> State Identification No:	State of Issue:
<input type="checkbox"/> Visa No:	Country of Origin:
School Address:	
Home Phone: ()	School Phone: ()
Email:	Cell Phone: ()

INTERNSHIP INFORMATION

Dates Available: From: _____ to _____ <i>(Use mmddyyyy format)</i>	
Days of Week and Hours Available Weekly	
Total Hours Needed for Internship:	
Rank your preference for consideration for your Internship work (1 = First Choice, etc.)	
<input type="checkbox"/> Adult Probation – Choice #: <input type="checkbox"/> Adult Pretrial – Choice #: <input type="checkbox"/> Court Administration – Choice #: <input type="checkbox"/> Law Library Technology – Choice #: <input type="checkbox"/> Judicial Information Systems – Choice #: <input type="checkbox"/> Justice Research – Choice #:	<input type="checkbox"/> Juvenile Probation – Choice #: <input type="checkbox"/> Juvenile Detention – Choice #: <input type="checkbox"/> Juvenile Intake – Choice #: <input type="checkbox"/> Psychological Services Intern, Adt Div – Choice#: <input type="checkbox"/> Psychological Services Intern, Juv Div – Choice #: <input type="checkbox"/> Staff Attorney – Choice #:
Do you have any physical condition that limits your ability in relation to the internship? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain.	
Why do you want to do your internship with the Nineteenth Judicial Circuit and what do you expect to gain?	

EDUCATIONAL INFORMATION

Name of Present College/University:			
Attended from	to	Major:	
Class Year:		Grade Point Average:	
Advisor's Name:		Advisor's Telephone: ()	
Advisor's Email:			
Previous Colleges/Universities:			
Name:	1. Attended from:	to	(mmyy)
Major/Degree:			
Name:	2. Attended from:	to	(mmyy)
Major/Degree:			
List any special courses, workshops, training sessions, etc., that might relate to the internship position for which you are applying (include Criminal Justice experience).			
Are you bilingual? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which language(s)?			

EMPLOYMENT HISTORY

Please list employers beginning with your present to most recent employer.			
Employer:			
Address:		Supervisors Name:	
		Supervisors Phone: ()	
Position:	From:	to	(mmyy)
Employer:			
Address:		Supervisors Name:	
		Supervisors Phone: ()	
Position:	From:	to	(mmyy)

CONVICTION INFORMATION

Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, provide date, place, nature of conviction and disposition.

REFERENCES (Please include a Faculty Member and an Employer)

	Name	Address	Telephone	Relationship
1.			()	
2.			()	
3.			()	

VOLUNTEER/INTERNSHIP EXPERIENCE

Do you have experience working in the criminal justice field? No Yes

If yes, please explain.

Do you have experience working with juvenile/adult offenders before? No Yes

If yes, please explain.

Organizations I have Volunteer/Internship experience with:

Name of Organization:

Address:

Supervisors Name:

Supervisors Phone: ()

Type of Work:

From: to (mmyy)

Name of Organization:

Address:

Supervisors Name:

Supervisors Phone: ()

Type of Work:

From: to (mmyy)

IN CASE OF EMERGENCY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name:

Relationship:

Home Address:

Work Phone: ()

Home Phone:()

Cell Phone: ()

INTERNSHIP WORK CONTRACT

I _____, as an intern, understand and acknowledge that I am to:
(Check each box to agree with the statement)

- Enroll in a college and complete a required internship program for my college degree;
- Maintain confidentiality and professionalism;
- Be aware of my role as an authority figure;
- Work 40 hours per week without reimbursement.
- Perform the job duties as assigned to me by my supervisor;
- Dress appropriately and be punctual;
- Have no significant history of criminal behavior or psychiatric disorder;
- Not to have any alcohol or drugs at my work location, nor be under the influence of alcohol or drugs; and I am willing to submit to a pre-internship drug test.
- Not violate any federal, state or municipal laws while serving as an intern.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.

WAIVER AND RELEASE

WHEREAS, the Nineteenth Judicial Circuit Internship Program has agreed to accept certain students in the Criminal Justice Internship Program for the purpose of furthering the education of said students, WHEREAS, I have been accepted by the Nineteenth Judicial Circuit as such an intern, and, WHEREAS, the Internship Training Program will include riding in county vehicles and participating in other activities as directed by the Nineteenth Judicial Circuit.

NOW THEREFORE, I hereby in consideration of my acceptance as such an intern by the Nineteenth Judicial Circuit, do release and waive any and all claims or demands of whatsoever nature which I have now or may in the future acquire against said the Nineteenth Judicial Circuit Internship Program together with the officers, agents and employees of the Nineteenth Judicial Circuit resulting from my service as an intern.

I further covenant and agree, in consideration of my placement and acceptance as such intern, to indemnify and hold harmless said the Nineteenth Judicial Circuit, their officers, Agency, and employees from any liability which may be incurred by them or either of them, proximately resulting from any acts by me during such internship.

I further represent that I am the age of 21 years or older with full understanding of all risks involved and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors *.

Parental Signature: _____* Date: _____(mmdyyy)

*Parental signature required if under age 21.

ACKNOWLEDGEMENT

I hereby acknowledge that the information in this application is true and correct and I understand that all information provided is subject to verification.

NOTE

If submitting by email and you are at least 21 years of age, ensure you include the attachments requested above.

Reset

I Accept and Submit this Application

If not submitting by email, please sign below with the attachments noted above.

NOTE

You will sign a similar form on your first day with Nineteenth Judicial Circuit, if selected for this program.

SIGNATURE:

DATE: