

United States Probation and Pretrial Services Intern Application



Institutional Information

College/University: _____

Faculty Advisor (name & telephone, if applicable): _____

School Address (if applicable): _____

Number of Hours required to complete the Internship: _____

Available Internship Hours: _____

Why do you want to complete an internship with our office?

What skills and abilities would you bring to this internship?

I certify the above information to be true and accurate. I understand that prior convictions will not automatically disqualify me from an internship or volunteer position with the U.S. Probation and Pretrial Services Office. I also understand that a criminal background check will be conducted.

Signature of Applicant: _____ Date: _____

Students receiving college credit must obtain the signature of the Faculty Advisor.

(For Students Receiving Credit)

Signature of Faculty Advisor: _____ Date: _____

Contact information: Phone # _____ E-mail (optional): _____

MOW (08/09)