

## Request for Student Internship at the Erie County Probation Department

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Advisor: \_\_\_\_\_

Phone#: \_\_\_\_\_ Advisor phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Advisor Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Date of Birth:\* \_\_\_\_\_

\*A criminal background check will be done on you as a condition of your internship.

Days/times you are available for the internship: \_\_\_\_\_

(The Probation Department's business hours are Monday through Friday 8:30am-5:00pm)

### Please answer the following:

1. Why do you want to intern at the Erie County Probation Department?
2. Are you interested in any specific area of probation?
3. Do you have any ideas on your future career plans?
4. Have you ever been arrested or charged with a Juvenile Delinquency or PINS?
5. Have you ever been convicted of a crime?
6. Do you know anyone who is currently on probation in Erie County?
7. Have you, or anyone you know, ever been on probation or parole?

I attest that the above information is true:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_