



Student Intern Application

Student - Intern: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____
(Name / Relationship / Phone)

Supervisor's Name/Title: _____ Phone: _____
(Required for academic / work credit)

Agency / Institution: _____ Email: _____

CJRC Supervisor/Mentor: _____ Title: _____

Phone: _____ Email: _____

Internship Start Date: _____ End Date: _____

Estimated Hours per Week: _____ Completion Date: _____

Estimated Weekly Schedule: _____ Completion Status: _____

Brief description of Student's interest in this Internship, goals and supervision needs/schedule:

The student intern agrees to the following conditions:

- Perform duties or tasks ethically, legally and professionally. Comply with CJRC policies, procedures and paperwork.
- Comply with Federal Substance Abuse Confidentiality Regulations 42 C.F.R. part 2., HIPAA and State Statutes
- Always perform within the limits of your competency, skills and training
- Inform Supervisor or Mentor of any injury occurring while on assignment
- Inform Supervisor or Mentor of any concerns and always report if you will be late or absent

The Supervisor of a student intern agrees to the following conditions:

- Supervise according to high ethical, legal and professional standards
- Ensure that the supervision schedule above is adequate to the supervisee's needs
- Provide the supervisee with honest and constructive written and verbal feedback
- Review any required evaluations with the supervisee in person
- Comply with supervisory guidelines and expectations of the referring Agency/Institution

Agreement Signatures

As a Student Intern I affirm that I am at least 18 years of age, that all information herein is true, that I have informed my CJRC Supervisor / Mentor of any legal history and authorize CJRC to check my references and criminal justice background as necessary.

Student-Intern _____ Date _____

Supervisor / Mentor _____ Date _____

Director / designee _____ Date _____