

Student Intern Application (GRAD)

Advisor Name/Title:	Applicant Name:		DOB:	
Phone: Email:	Address:			
Desired Start Date:				
Desired Start Date:	Advisor Name/Title:		Advisor Phone:	
Estimated Hours per Week: Days and Times Available: Brief Description of Student's academic history including all majors and minors 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 and Mentor of any injury occurring while on assignment Inform Supervisor and Mentor of any concerns and always report if you will be late or absent. 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 informing CJRC Supervisor of any legal history and authorize CJRC to check my references and criminal justice background necessary.	Advisor Institution:		Email:	
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Advisor: Date:	Advisor:		Date:	

CJRC ONLY

Received by:	Date Received:	Entered on: