



Criminal Justice
Resource Center

Student Intern Application (GRAD)

Applicant Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Advisor Name/Title: _____ Advisor Phone: _____

Advisor Institution: _____ Email: _____

Desired Start Date: _____ Desired End Date: _____

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 informed my CJRC Supervisor of any legal history and authorize CJRC to check my references and criminal justice background as necessary.

Applicant: _____ Date: _____

Advisor: _____ Date: _____

Please email form, resume, and cover letter to Alan Ford, MSW, QMHCO at aford@dconc.gov

CJRC ONLY

Received by: _____ Date Received: _____ Entered on: _____