



Criminal Justice  
Resource Center

Student Intern Application

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 Interest in this internship, goals and Supervision needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 and resume to Alan Ford, MSW, QMHCO at [aford@dconc.gov](mailto:aford@dconc.gov)**

CJRC ONLY

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Entered on: \_\_\_\_\_