

POLICE CONTACT

Have you ever had contact with police? _____ No _____ Yes - If yes, please provide date, place of arrest & nature of conviction and disposition.

REFERENCES (include an employer, faculty member and one other person)

Name: 1) _____ 2) _____ 3) _____
Street: _____
City, State, Zip: _____
Phone: _____
Email: _____
Relationship: _____

Have you taken any special workshops, training sessions, and special courses or had any volunteer or criminal justice experiences that relate to the internship position for which you are applying?

INTERNSHIP INFORMATION

Why do you want to do an internship with our Department and what do you expect to accomplish?

Number of academic credits you will receive for this internship: _____

Semester/Year of internship applying for: _____

School's Internship Coordinator: _____
Phone #: (_____) _____ & E-mail address _____

COMMITMENT

- Available for internship according to semester applying for (exact dates TBA)
*SPRING: January- April *SUMMER: May-August *FALL: September-December.
- Hours of operation are:
*8:00am-4:30pm * Monday-Friday
- Commit to work
*5 days per week *Total of 32 – 37.5 hours per week based on the needs of the department.

I acknowledge the information provided in this application is true and correct and I understand that all information provided is subject to verification.

SIGNATURE: _____ DATE: _____

PLEASE RETURN BY EITHER: MAIL, EMAIL OR FAX TO:
DEPARTMENT OF PROBATION AND COURT SERVICES
503 NORTH COUNTY FARM ROAD
WHEATON, ILLINOIS 60187
Katie.Allen@dupageco.org 630-407-8501 – Fax