



Section I

**Intern Information**

**Applicant Name:**

(Last, First, M)

**D.O.B:**

(mm/dd/yy)

**Permanent Address:**

(Street, City, Zip)

**Phone #:**

**Email:**

**Emergency Contact Information**

**Name:**

(Last, First, M)

**Mobile:**

**Work:**

**Relationship:**

Section II

**1. Do you have any business or professional experience?**

**Yes                      No**

**If so, the nature of your experience:**

**2. Have you ever done volunteer work?**

**Yes                      No**

**If so, what nature?**

**3. Do you have any family members or other associations that are or have been under probation supervision with this Department?**

**Yes                      No**

**If yes, please list their name(s) and their relationship to you:**

**4. Have you ever had any legal involvement (have you been arrested, adjudicated or convicted of a crime)?**

**Yes                      No**

**If yes, please list your previous involvement (crime, dates, court, disposition):**

5. Do you currently have any pending matters in any Court at this time?

Yes                      No

If yes, please list your current involvement (crime, court, next court date, current status):

Section III

**School Information**

Name of College:

Address:

Major:                      Freshman                      Sophomore                      Junior                      Senior

Preferred Semester:      Fall                      Spring                      Summer

Semester Start Date:

End Date:

**Availability**

Please provide us with your preferred shifts with a minimum of 6 hours per week for 3 months.  
If interning for credits the hours will be dictated by your professor's requirements.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>AM:</b>	Flex Schedule	_____	_____	_____	Flex Schedule
<b>PM:</b>	No Interns	_____	_____	_____	No Interns

## Internship Advisor/ Professor Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone#: \_\_\_\_\_

Internship Requirements:

### PLEASE NOTE

- Applications that are not fully completed will not be considered.
- This application is not in any way a guarantee that an internship placement has been acquired. Upon receipt of your application, it will be reviewed; if it is determined appropriate, an interview will be scheduled to gather further information from you, and a final determination will be made.

An answer of yes to any legal questions in Section II **does not** represent an automatic bar to internship. Each case is considered and evaluated in relation to the duties and responsibilities of the internship position.

I declare, subject to the penalties of perjury, that the statements made in this form have been examined by me and to the best of my knowledge and belief, are true and correct. Any false statements made, if subsequently discovered, may result in termination of my internship placement.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this application with college transcripts, resume with a cover letter, and one professional/academic letter of recommendation via mail, in person, or email to: [aqcv@westchestercountyny.gov](mailto:aqcv@westchestercountyny.gov)  
Westchester County Probation Department

111 Dr. Martin Luther King Blvd., 6<sup>th</sup> Floor  
White Plains NY, 10601

ATTN: Ana Cordero