**Request for Student Internship at the Erie County Probation Department**

Name:       School:

Address:       Advisor:

Phone#:       Advisor phone:

Email address:       Advisor Email:

Emergency Contact:

Social Security#\*:       Date of Birth:\*

\*A criminal background check will be done on you as a condition of your internship.

Days/times you are available for the internship:

(The Probation Department’s business hours are Monday through Friday 8:30am-5:00pm)

**Please answer the following:**

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| 1. Why do you want to intern at the Erie County Probation Department?      |
| 2. Are you interested in any specific area of probation?      |
| 3. Do you have any ideas on your future career plans?       |
| 4. Have you ever been arrested or charged with a Juvenile Delinquency or PINS?      |
| 5. Have you ever been convicted of a crime?       |
| 6. Do you know anyone who is currently on probation in Erie County?      |
| 7. Have you, or anyone you know, ever been on probation or parole?       |

I attest that the above information is true:

Signed: Date: