



LEHIGH COUNTY ADULT PROBATION AND PAROLE
COURT OF COMMON PLEAS
THIRTY-FIRST JUDICIAL DISTRICT
455 WEST HAMILTON STREET
ALLENTOWN, PENNSYLVANIA 18101-1614

PAMELA SHEFFER, CHIEF
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PHONE (610) 782-3933
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APPLICATION FOR STUDENT INTERNSHIP

In order to help structure a meaningful placement experience, students requesting an internship with Lehigh County Adult Probation/Parole must complete all sections below.

STUDENT DATA:

Name:		Phone Number:	
Home Address:		Email Address:	
DOB:		SS#:	

Indicate best time and phone number to contact you:	
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Have you ever been arrested or cited for any offenses? Yes No

If yes, provide charges, date of arrest or citation, arresting agency and disposition:

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Have any family members been on ARD, house arrest, probation or parole? Yes No

If yes, provide name of family member, relation and particulars of the offense and where it occurred.

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How did you hear about us?

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EDUCATIONAL BACKGROUND:

College/University:		Major:	
Mailing Address:		GPA:	
Advisor's Name:		Expected Graduation Date:	
Advisor's Email:			

Current Standing: Sophomore Junior Senior Masters

PLACEMENT DATA:

Desired start date:		Desired completion date:		Hours required:	
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Specify days available: Monday Tuesday Wednesday Thursday Friday

Specify hours: half day full day (8:30 to 4:30)

Describe your expectations of this internship and types of experiences in which you are interested:

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List any requirements or limitations affecting your placement, i.e. special needs of the school/student:

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Acknowledgement

I have read the *Lehigh County Adult Probation and Parole Student Internship Program Questions and Answers* booklet and understand the Department's expectations/limitations with regard to placement opportunities.

I further understand:

A criminal background investigation will be conducted prior to approval and placement with the Lehigh County Adult Probation/Parole Department.

I will not receive any compensation from the Lehigh County Adult Probation/Parole Department.

The County of Lehigh does not provide insurance or cover the exposure to risk for student interns and will not respond to a claim or suit for negligence against the student while on placement. This liability exposure is part of the overall education process for which the student intern (or sponsoring educational institution) is responsible.

I agree to abide by Departmental policy and procedures concerning offender confidentiality.

Student's Printed Name: _____

Student's Signature: _____

Date: _____

Advisor's Printed Name: _____

Advisor's Signature: _____

Date: _____