



Department of Public Safety
Community Corrections

COLLEGE INTERN APPLICATION

Name: _____ Email Address: _____

College Address: _____

Permanent Address: _____

Cell Phone #: _____ Other Phone #: _____

Citizenship Status (Check one): U.S. Permanent Resident Student Visa Type _____

Name of Parent, Spouse or Guardian: _____

Address: _____

Emergency Contact:

Name: _____

Phone #: _____ Relationship: _____

County(ies) preference for internship: _____

When are you available to start an internship? _____

Number of hours available to work per week: _____

Education:

Enrolled in College/University: _____

College Advisor Name: _____ Phone #: _____

Is this internship part of your course requirements and will you receive course credit? Yes No

Graduate Student Junior Senior Major: _____ Minor: _____

GPA (must have 2.5 or higher) _____ Expected Date of Graduation: _____

Other education or vocational training, if any: _____

Honors or awards received: _____

Employment:

Present: _____ Phone #: _____

Previous: _____ Phone #: _____

What are your career goals? _____

What are your objectives for interning with Community Corrections?

Will you accept an internship on a non-paid basis? Yes No

Do you have a prior or current criminal record to include traffic violations? Yes No

If yes, please explain: (if accepted to the internship program, Community Corrections will conduct a criminal background check)

Signature of Applicant

Date

I have included a letter from my advisor. Yes No _____

I have included a character reference letter. Yes No _____

Note: Letters may be sent separately.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application or dismissal if I am selected to be an intern and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Email this application, letter of recommendation from your college advisor and one character reference letter to:

Community Corrections

Lori Millette, Internship Program Administrator Lori.Millette@ncdps.gov

2020 Yonkers Road

Raleigh, NC 27699

919-324-1128

This form may be sent directly to the Judicial District where you desire to have your internship.