

**DAUPHIN COUNTY**



**PROBATION SERVICES**

917 Gibson Boulevard\*Steelton, PA 17113; (717)780-6900; (717)558-1083 FAX  
100 Chestnut Street, 2<sup>nd</sup> Floor\*Harrisburg, PA 17101; (717)780-7100; (717)780-7099 FAX

**CHADWICK J. LIBBY, DIRECTOR**

# Application for Internship

## Personal Information

**Name:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Are you 18 years of age or older?**  Yes  No

**Have you ever been convicted of a crime other than a minor vehicle offense?**  Yes  No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have access to a car that you would be willing to use during the internship?**  Yes  No

**Do you have a valid PA Driver's license?**  Yes  No

**Can you provide proof of health insurance?**  Yes  No

**Were you referred to our program by an affiliate of Dauphin County?**  Yes  No

If so, by whom? \_\_\_\_\_

How do you know this person? \_\_\_\_\_

# Educational Background

What semester are you requesting an internship: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Advisor/Counselor Contact Information:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Education	Name of School	Years Completed	Diploma/GPA	Course of Study
High School			/	
College/Undergraduate			/	
Professional Graduate			/	
Trade, Business, Other			/	

List Professional Certificates, Apprenticeships, Specialized Training or Foreign Language Skills:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate ALL of the times that you would be available for an internship: (Office Hours are 8am to 5pm)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Please list the number of hours needed to satisfy internship requirements: \_\_\_\_\_

Please indicate your area of interest for Internship Program:

Adult

Juvenile

Both

**In Case of Emergency Contact the following (Mandatory 3 contacts):**

Name	Address	Phone	Relationship
		( )	
		( )	
		( )	

**Acknowledgement:**

I hereby give the County of Dauphin the right to make a thorough investigation into my employment, education and references. I release from liability all persons, companies, and corporations supplying such information and indemnify and hold the County of Dauphin from any liability which might result from such an investigation.

I further understand a background check shall be conducted to determine any suitability in accordance with the Missions, Policy, and Procedures of Probation Services and the Court of Common Pleas of Dauphin County. I further agree to provide the necessary information to conduct such inquiries.

I further agree to adhere to the same standard of confidentiality that Probation Officers/Staff are required to by law and to adhere to all policies and procedures.

By signing below, I attest that the information provided in this application is true and correct to the best of my knowledge.

---

**Signature**

**Date**

*Thank you for your interest in an internship with the Dauphin County Probation Services Department. A member of our staff will contact you regarding the status of your application.*