



Student Intern Application

Student - Intern: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_  
(Name / Relationship / Phone)

Supervisor's Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Required for academic / work credit)

Agency / Institution: \_\_\_\_\_ Email: \_\_\_\_\_

CJRC Supervisor/Mentor: \_\_\_\_\_ Title: \_\_\_\_\_

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

Internship Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Estimated Hours per Week: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Estimated Weekly Schedule: \_\_\_\_\_ Completion Status: \_\_\_\_\_

Brief description of Student's interest in this Internship, goals and supervision needs/schedule:

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

The student intern agrees to the following conditions:

- Perform duties or tasks ethically, legally and professionally. Comply with CJRC policies, procedures and paperwork.
- Comply with Federal Substance Abuse Confidentiality Regulations 42 C.F.R. part 2., HIPAA and State Statutes
- Always perform within the limits of your competency, skills and training
- Inform Supervisor or Mentor of any injury occurring while on assignment
- Inform Supervisor or Mentor of any concerns and always report if you will be late or absent

The Supervisor of a student intern agrees to the following conditions:

- Supervise according to high ethical, legal and professional standards
- Ensure that the supervision schedule above is adequate to the supervisee's needs
- Provide the supervisee with honest and constructive written and verbal feedback
- Review any required evaluations with the supervisee in person
- Comply with supervisory guidelines and expectations of the referring Agency/Institution

Agreement Signatures

As a Student Intern I affirm that I am at least 18 years of age, that all information herein is true, that I have informed my CJRC Supervisor / Mentor of any legal history and authorize CJRC to check my references and criminal justice background as necessary.

Student-Intern \_\_\_\_\_ Date \_\_\_\_\_

Supervisor / Mentor \_\_\_\_\_ Date \_\_\_\_\_

Director / designee \_\_\_\_\_ Date \_\_\_\_\_