



MARION SUPERIOR COURT
PROBATION DEPARTMENT
SERVING THE COURTS AND THE COMMUNITY

INTERNSHIP APPLICATION

Marion Superior Court Probation Department Adult Services Division

Please type or print your responses to the questions contained in this application form. Failure to complete the application in its entirety or providing false information may result in your application being denied. **Internships are unpaid, and you must be able to work a minimum of 15 hours per week (three 5 hour days, or two 7.5 hour days) and be of Junior or Senior Status**

Student's name: _____
Last First MI/Maiden

Student's e-mail: _____

Current address: _____
Street Apt.

_____ *City State Zip*

Home phone: () _____ Work phone (if applicable): () _____

Date of Birth: _____ Sex: M F Social Security Number: _____

Have you ever been charged with a criminal offense? _____ Yes _____ No

Please explain if yes: _____

Do you have any close friends or family members that have a pending case with the Marion Superior Court system, or are currently under the supervision of the Marion Superior Court Probation Department?

____ Yes _____ No

Please explain if yes: _____

Name of the High School You Graduated From: _____

Please submit a handwritten essay 100 word or less on why you want to participate in our internship program.

Please list two (2) personal or professional references whom we can contact. *(No relatives)*

Name: _____ Relationship: _____

Address: _____
Street City, State Zip Code

Name: _____ Relationship: _____

Address _____
Street City, State Zip Code

AGREEMENT FORM

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions, contact the Special Services Coordinator before initialing the paragraph.

I understand that the Marion Superior Court Probation Department, Adult Services Division, serves the Court which requires a high degree of integrity. Therefore, I understand and accept that a background investigation, including a criminal records check and reference check, will be conducted prior to accepting my application for an internship.

Initials: _____

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my acceptance may be denied or my internship may be immediately terminated once accepted.

Initials: _____

Confidentiality Statement

Probation work is very rewarding, while at the same time, it carries significant liability. Probation Officers are bound by confidentiality laws when considering with whom they are allowed to communicate, and even what information can be communicated. Any communication, correspondence or recorded documentation regarding persons involved with the Court is considered part of the Court's permanent records and therefore sensitive in nature. It is imperative that you, as a volunteer, read the following statement to better understand your role in maintaining confidentiality:

As a Marion Superior Court Probation Department Volunteer/Intern, I do hereby agree that any information read or received by me with regard to any person involved with the Court, or in Court ordered agencies, will be held strictly confidential and will not be mentioned in conversation or communication with anyone not connected with the Courts, the volunteer program, or any agency where a signed release does not permit communication.

In short, the number one rule to consider when dealing with confidential information is, "When in doubt, ask someone." Moreover, by your signature, you acknowledge reading and agreeing to the terms stated above.

Volunteer/Student Signature

Date

Witness

Date



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I solemnly swear that all of the information furnished in this application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsifications of the information provided may lead to denial of acceptance or termination following acceptance. I authorize investigation of my background for any criminal or unlawful activity.

Applicant's Signature

Date

Please return application to:
Patti Cushingberry
Community Outreach Coordinator
Marion Superior Court Probation Department
3500 Lafayette Rd #330
Indianapolis, IN 46222-1170
Telephone: (317)327-8101 Fax: (317) 327-0261
E-Mail: Pcushing@Indygov.org

Internship/Volunteer Agreement

1. I understand that I will sign in and out at my Supervisor's Office upon arrival and at the end of the day, before leaving the building. (Unless other arrangements are made)
2. I understand that it will be necessary for me to dress in a professional manner. I also understand that Friday is designated as "casual day" but wearing t-shirts and jeans is not permitted.
3. If for some reason, I am unable to report to work, I will contact my supervisor .
4. I will bring to Patti's attention, any problems that may occur with other staff or clients.

In case of emergency, during the day, please notify the following:

1st choice
Name
Relationship
Telephone/Pager

2nd choice
Name
Relationship
Telephone/Pager

Please list any medical problems that may influence your internship that we need to be aware of.

Signature

Date