



Academic Advisor \_\_\_\_\_ Advisor's Phone #: \_\_\_\_\_

**PREVIOUS COLLEGES/UNIVERSITIES**

\_\_\_\_\_ Attended from: \_\_\_\_\_ to: \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_ Attended from: \_\_\_\_\_ to: \_\_\_\_\_ Major: \_\_\_\_\_

Have you taken any special workshops, training sessions, and special courses or had any volunteer or criminal justice experiences that relate to the internship position for which you are applying?

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

**INTERNSHIP INFORMATION**

Why do you want to do an internship with our Department and what do you expect to accomplish?

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

Available for internship from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours required by College/University: \_\_\_\_\_

Days & Hours available weekly: \_\_\_\_\_

Academic level of internship: Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_ Doctoral Candidate: \_\_\_\_\_

Receiving academic credit for internship: yes \_\_\_\_\_ no \_\_\_\_\_

School's Internship Coordinator: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Please Read Carefully

The County of Montgomery considers all applicants without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. The County of Montgomery also provides "reasonable accommodations" to qualified individuals with known disabilities, in accordance with the Americans with Disabilities Act.

I certify the answer I have to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand if this application is not completed in full, it will not be processed and I will be automatically disqualified.

I understand that any false answers, statements, or representations made by me in this application shall constitute sufficient cause for dismissal and/or penalties under 18 PA CONS, STAT., Section 5904 related to the unsworn falsification to authorities.

I understand that nothing contained in this application or granting of an interview is intended to create an employment contract between the County of Montgomery and myself. I acknowledge that if for any reason I am not selected for an Internship, the Montgomery County Adult Probation & Parole Department is under no obligation to explain why. I also acknowledge if chosen for an internship, that I may be terminated or released from service at any time, without cause, and without right to appeal. I understand that if accepted for the Montgomery County Adult Probation & Parole Department Internship Program, I must abide by the rules and policies of the Department and the County of Montgomery.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN FORM TO:**  
INTERNSHIP COORDINATOR  
MONTGOMERY COUNTY ADULT PROBATION, PAROLE, AND DUI SERVICES  
408 CHERRY STREET  
PO BOX 311  
NORRISTOWN, PA 19404