

DAUPHIN COUNTY



PROBATION SERVICES

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

CHADWICK J. LIBBY, DIRECTOR

Application for Internship

Please review the Internship Policy before applying

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.

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**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.*