

**SOCIAL SERVICES DIVISION
Intern/Volunteer Application**

(PLEASE PRINT OR TYPE ALL INFORMATION)

Status Intern Volunteer

FULL NAME (No Initials): _____ Social Sec # _____

Local Address: _____

Telephone # _____

Permanent Address: _____

Telephone # _____

Gender: ___ **Male** ___ **Female** **Date of Birth:** _____

College/University _____

Address: _____

Internship Coordinator: _____

Telephone # _____

Academic Major: _____ Minor: _____

Relevant Courses: _____

Academic Standing

College

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

High School

- Freshman
- Sophomore
- Junior
- Senior

Overall Grade Point Average: _____

Upon Completion of my Education, I plan to: _____

I am/was involved in the following Community Volunteer Activities: _____

Work Experience

Dates of Employment: _____

Name: _____

Address & Telephone No. _____

Dates of Employment: _____

Name: _____

Address: & Telephone No. _____

I'm skilled in the areas of: _____

Reference: Name: _____

Address: _____

Telephone # _____

Name: _____

Address: _____

Telephone # _____

I expect to obtain the following from my internship/volunteer service with the Social Services Division.

APPROXIMATE ARRIVAL AND DEPARTURE DATES: _____

AREAS OF INTEREST

- | | |
|--|--|
| <input type="checkbox"/> Juvenile Intake | <input type="checkbox"/> Family Counseling |
| <input type="checkbox"/> Juvenile Diagnostic | <input type="checkbox"/> Electronic Monitoring |
| <input type="checkbox"/> Juvenile Supervision | <input type="checkbox"/> Urban Services Program |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Child Guidance Clinic (Psychology Ph.D candidates only) |
| | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Alcohol/Drug Programs | |

Spanish speaking interns/volunteers are welcome in all positions in the Social Services Division

CRIMINAL HISTORY

Have you ever been arrested **Yes** **No** If yes, please note the arrest dates(s). charges(s) and sentences

An NCIC criminal check will be completed on each applicant. Persons under active court supervision in the jurisdiction, are not permitted to participate as interns or volunteers while under said supervision. Please note that the Director of Personnel reserves the right to deny acceptance to any applicant convicted of a criminal offense.

Falsification of any information regarding my past or present criminal record will immediately terminate my internship.

Signature _____ **Date** _____

**District of Columbia Courts
Identification Card Information**

All employees are required to provide the following information. Please print or type your responses.

Last Name	First Name	MI	
Address	City	State	Zip Code
Home Phone Number		DOB:	
Social Security No.:		Hire Date:	

Court of Appeals	Superior Court	Court System	N/A
Employee Group: (Check one)	Judge		Contractor
	Judicial Staff		Intern/Vol.
	Non-judicial employee		
	Grant employee		

Division (if applicable) _____ **Office Phone No.** _____

Emergency Contact: _____
(Last Name) (First Name)

Day -Time telephone number: _____

I understand that the ID card issued to me is Court property and is not transferable to anyone else. Use of this ID card for other than authorized purposes will result in disciplinary action up to and including termination. I understand that the replacement cost for a new ID is \$5.00 and that I am responsible for returning my ID card upon separation from the Court. Failure to do so may result in a delay in receiving my final paycheck.

Date **Employee Signature**

Optional Information

Medications: _____

Blood Type: _____ **Allergies:** _____

To be completed by the Human Resources Division

ID Number: _____	Date Card Issued: _____
Reissue Date: _____	Information Update: _____

Return completed form to the Human Resources Division. Building 616 H Street, N.W. 6th Floor

**DISTRICT OF COLUMBIA COURTS
INTERNS, VOLUNTEERS, AND COOPERATIVE EDUCATION STUDENTS
PARTICIPANT INFORMATION FORM**

NAME:

ADDRESS:

PHONE: (HOME)

SS#

EMERGENCY CONTACT

EXPIRATION DATE

PHONE NUMBER

PROGRAM CATEGORY:

**PAID INTERNSHIP
NON-PAY INTERNSHIP
COOPERATIVE EDUCATION (PAID)
COOPERATIVE EDUCATION (NON-PAY)
VOLUNTEER
OTHER:**

PROGRAM COORDINATOR (if different from supervisor):

Name	Title	Phone No.
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CHAMBERS/DIVISION/OFFICE ASSIGNMENT:

Chambers/Division/Office

Building	Office No.	Office Phone No.
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Supervisor's Name	Office Phone No.
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DURATION OF INTERNSHIP/VOLUNTEER PLACEMENT:

**Fall Semester
Spring Semester
Summer
Other: (Explain)**

Workdays: (Circle) M T W Th F (varies)

Daily work schedule: _____