

Dallas County Juvenile Department Legal Services Intern Application

(please print or type)

PERSONAL

NAME: (FIRST, MIDDLE, LAST)			MAIDEN NAME:
CURRENT ADDRESS:			CITY, STATE, ZIP CODE:
HOME PHONE:	CELL PHONE:		EMAIL ADDRESS:
PHOTO: (OR ATTACH)	SEX:	AGE:	RACE:
	BIRTH DATE:		BIRTHPLACE: (CITY, STATE)
	DRIVER'S LICENSE		SOCIAL SECURITY NUMBER:
		MARITAL	A STATUS:
	□ SINGLE □	MARRIED	DIVORCED WIDOWED
SPOUSE'S FULL NAME:	_	SPOUSE'S MAI	DEN NAME:
Are you a citizen of the United States your status on the line provided.	s? If no, please describe	Availability: (Wh	ere applicable)
□ Yes	□ No	□ Spring	Summer Fall
Status:			

EDUCATION

Dates Attended	Location	Name of School	Type of Degree	Subject of Degree

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INTERNSHIP OR EMPLOYMENT HISTORY: (list in order last three places of employment)

Employer	Address	Dates of Employment	Job Title

POLICE CONTACT

List all incidents in which you were cited, arrested, accused, or charged with a crime other than a traffic violation. Include incidents that occurred as a juvenile, were expunged, set aside due to successful completion of deferred, resulted in pre-trial diversion or pardoned. (Provide full explanation on continuation sheet.)

Date	Location	Cause Number	Offense Charged	Disposition

Please answer the following questions. Use the space provided to explain any "YES" answers.

Is any member of your family or domestic partner:

Under prosecution by any government agency?	□ Yes	□ No	
Details if Yes:			
In jail, prison, on probation or on parole?	□ Yes	🗆 No	
Details if Yes:			
An attorney or private investigator?	□ Yes	🗆 No	
Details if Yes:			

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PERSONAL REFERENCES

List at least three people who have known you for over one year, excluding relative or former employers.

Name	Nature of Relationship	Address	City, State, Zip Code	Telephone
	•			

Preferred Placement: (Interns are placed based on the needs of the office. Where/if applicable, selection on this application does not guarantee placement with selected division.)

Please indicate what languages you can speak/read/write and proficiency level for each.

Language	Speak	Read	Write	Proficiency level:
□ English				
□ Spanish				
□ Other(s):				
□ Other(s):				

CERTIFICATION:

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I further authorize the Dallas County Juvenile Department to verify criminal history and driving records as part of the background process. If accepted to perform volunteer duties for the Dallas County Juvenile Department. I understand that I may be proxy to confidential information and promise to respect and maintain all that confidentiality whenever presented with it.

Consent For Criminal Background Check/Authorization/Waiver/Indemnity

The Dallas County Juvenile Department must perform criminal background checks on our Interns because of the matters of the population we serve. Please read and sign this consent form authorizing the Dallas County Juvenile Department to perform a criminal background check.

I hereby give my permission for the Dallas County Juvenile Department to obtain information relating to my criminal history record. The criminal history record, as received from reporting agencies may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile in both this state and any other state or country. I understand that this information will be used, in part, to determine my eligibility for being an intern with this organization. I also understand that as long as I remain an intern here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by the Dallas County Juvenile Department and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do for myself, my heirs, executors and administrators hereby remise, release and forever discharge and agree to indemnify the **Internship Program** and each of their officers, directors, personnel, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands, whatsoever (including claims for the negligence, gross negligence, and/or strict liability of the **Internship Program** and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an intern.

Print Name (Last, First, Middle/Maiden):	
Date of Birth:	Place of Birth:
Social Security #:	List any other names or SSN# used: