



## Volunteer and Intern Services Program

Department of Community Justice  
501 SE Hawthorne Blvd., Suite 250  
Portland, OR 97214  
Phone: 503.988.5634  
Fax: 503.988.4132  
[www.multco.us/dcj/dcj-volunteers](http://www.multco.us/dcj/dcj-volunteers)

### Internship Application

Please complete this application form if you are interested in becoming a Multnomah County Department of Community Justice Intern.

This application is intended for use only by students currently enrolled in higher education, seeking to complete a field experience towards the completion of a degree.

For a description of our opportunities, please visit us on-line at:  
[www.multco.us/dcj/dcj-volunteers](http://www.multco.us/dcj/dcj-volunteers)

### Agreement

The information furnished on this form is confidential and is to be utilized for the purpose of enabling the Department of Community Justice to determine your qualifications.

All questions must be answered to the best of your ability. Type or print legibly in black ink. If an item does not apply, enter "NA". If additional space is required, attach as many sheets of paper as may be required.

### CERTIFICATION

I hereby certify that all statements made in this application or appended to it are true and correct to the best of my knowledge. I am aware that withholding pertinent information or information found to be materially (grossly) inaccurate will be cause for refusing further consideration of my application, or will constitute grounds for my termination if I am placed as an intern. I understand this is not to be considered as an indication of probable appointment to the Department and that there may be certain qualifications I must meet including, but not limited to, a background check and acceptance of established internship policies and procedures, before I may begin interning. I understand that failure on my part to notify the Department of Community Justice of a change of address within thirty (30) days may subject my file to being closed.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(please sign to indicate you have read this page)

*Please notify the Department of Community Justice at (503) 988-6133 regarding any change in residence address or telephone number.*

**This form, along with the two required references, a resume or CV and the Statement of Personal History can be emailed, mailed or faxed to:**

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501 SE Hawthorne Blvd., Suite 250  
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Fax: 503.988.4132  
Stephanie.bolson@multco.us



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**Contact Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Middle name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Other phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Web site: \_\_\_\_\_

**Demographic Information**

You may optionally provide the following information. It is used only to help us get a better idea of the demographic make-up of our interns.

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_(year optional) Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Education**

Please list all educational institutions you have attended, or are currently attending, along with course of study and/or degree and graduation date.

School	Course of Study	Graduation Date

**School Requirements**

Please list the type of internship you are seeking (from the list below), the number of hours required, and the time frame in which you seek to complete the internship.

- Complete an Undergraduate Internship
- Complete a Graduate Internship
- Complete a Capstone
- Other School Requirement (please provide detail)

Type of Internship	Number of Required Hours	Completion Date



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**Employment History**

Please list last four positions, or five year history, beginning with most recent. You may also include applicable volunteer or internship positions held.

Employer name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
Web site: \_\_\_\_\_ OK to Contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
Web site: \_\_\_\_\_ OK to Contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
Web site: \_\_\_\_\_ OK to Contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
Web site: \_\_\_\_\_ OK to Contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Emergency Contact Information**

Please provide two contacts, in the event of an emergency

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
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**Supplemental Questions**

Most positions require a minimum commitment of 8 hours per week for at least 6 months. What day(s) and hours are you available?

What specific strengths and skills do you bring and what do you hope to gain from your internship?

Explain a specific time when you encountered conflict. How did you resolve it and what did you learn from it?



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**Areas of Interest**

Please select your areas of interest from the following options:

- Adult Parole/Probation
- Juvenile Supervision and Accountability
- Juvenile Detention Facility
- Facilitate Groups
- Alcohol and Drug Rehabilitation
- Therapy/Counseling
- Communications, Marketing or Web Design
- Research & Evaluation
- Administration and Public Policy

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**Reference Questionnaire** (School or professional reference desired; relatives will not be accepted as references.)

\_\_\_\_\_ *has applied for an internship with Multnomah County Department of Community Justice. Please answer the questions below.*

How long have you known the above?

In what capacity?

What have you observed as strengths?

What have you observed as weaknesses?

Describe his/her ability to work with people.

Describe his/her ability to work in difficult situations.

Additional comments:

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

This form may be faxed or mailed to the address listed above, or email to:  
Stephanie Bolson, Volunteer and Intern Coordinator  
stephanie.bolson@multco.us



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Additional comments:

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

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