United States Probation Office Eastern District of Michigan

PROBATION OFFICER VOLUNTEER INTERNSHIP APPLICATION

I would like to apply for admission to the U.S. Probation Office's Volunteer Internship Program

STUDENT INFORMATION:

Last:	First:	Middle:	
Contact Number(s):		(home)(mobile)	
Email Address:			
CURRENT ADDRESS:			
Street Address:			
City:	State:	Zip:	
PERMANENT ADDRESS (If	different from c	urrent):	
Street Address:			
City:	State:	Zip:	
LANGUAGES SPOKEN (Bas	ic, Proficient, Fi	luent):	
Language:		Level of Proficiency (closest estimate):	

United States Probation Office Eastern District of Michigan

EDUCATION:		
Complete Name of Institution:		
Major: GPA:		
Type of Degree Pursuing:Expected Date of C	Graduation:	
Current Academic Status (Freshman, Sophomore, Junior, Senior):		
APPROXIMATE DATES OF AVAILABILITY FOR INTERN	SHIP:	
Approximate length of internship (Desired # of weeks):		
Start Date:Ending Date:		
Days Available:		
BACKGROUND INFORMATION If yes, provide the explan	ation in the secti	ion on the next
Do you have any relatives who are Judges, Officers or employees of the United States Courts?	Yes	No
Have you ever served on active duty with the military?	Yes	No
Have you ever been convicted or court-martialed, imprisoned, or on probation and/or parole? (Include felonies, firearms or explosives violations, misdemeanors and all other offenses.)	Yes	No
Are you now under charges for any violation of law?	Yes	No
<u>SKILLS</u>		
List computer software programs you have used and the proficiency	y level of each:	
Program Level of Proficien	cy (closest estimat	<u>'e):</u>

United States Probation Office Eastern District of Michigan

<u>Program</u>	<u>Level of Proficiency (closest estimate):</u>
	You answer yes to any of the background questions above th branch of military, the date of occurrence, violation, or name
_	
attached to this application to that false or fraudulent infor for not admitting me or ter Office for the Eastern District	ION: If my knowledge and belief, all of the information on and rue, correct, complete and made in good faith. I understand rmation on or attached to this application may be grounds rminating my participation in the United States Probation et of Michigan's Intern Program and may be punishable by rstand that any information I give may be investigated.
Signature	Date Signed