



Work Location (determined by SPB)

Date Received: \_\_\_\_\_  
Date Sent to OPS: \_\_\_\_\_

**New Jersey State Parole Board  
Internship Program  
Application Checklist**

Please initial that the required information is contained in this packet. Sign, date and send complete packet via scan to [spb-studentinternships@spb.nj.gov](mailto:spb-studentinternships@spb.nj.gov) or mail to: **NJSPB Internship Program  
P.O. Box 862, Trenton, NJ 08625**

<b>Print Name:</b>			
<b>Initial</b>	<b>APPLICATION REQUIREMENTS</b>		
	I completed, signed and dated the <i>Internship Program Application</i> (pages 1-4).		
	I completed, signed and dated the Internship Program OPS “ <i>Waiver Release Confidential Information</i> ” (pages 1-2).		
	I have signed and dated the Internship Program “ <i>Authorization to Release Confidential Information.</i> ”		
	I signed and dated the Internship Program “ <i>Records Release Authorization</i> ” <b>in the presence of a Notary Public</b> who certified my signature with embossed seal or stamp.		
	I included an <b>enlarged copy</b> of my <i>Social Security Card and Driver’s License</i> and <i>School I.D.</i> (if applicable).		
	I read the Internship Program “ <i>Rules and Responsibilities,</i> ” signed and dated the acknowledgment form, and kept the list of “ <i>Rules and Responsibilities</i> ” for my records.		
<b>Below mark “X” next to all that apply</b>			
	<b>APPLICATION FOR</b>	<b>INTERNSHIP BEGINS ON OR AFTER</b>	<b>APPLICATION DUE DATE (NOT ACCEPTED AFTER)</b>
	<b>Fall Semester</b>	<b>September 1</b>	<b>July 15</b>
	<b>Spring Semester</b>	<b>January 15</b>	<b>October 15</b>
	<b>Summer Semester</b>	<b>May 15</b>	<b>March 15</b>
	<b>Seeking Academic Credit</b>	<b>Professor’s Name</b>	
	<b>Major:</b>	<b>Email Address</b>	
	<b>Experience Only No Credit</b>	<b>Degree Held</b>	<b>Year:</b>
<b>CENTRAL OFFICE PLACEMENTS</b>			
<b>INTEREST OR PREFERENCE (ENTER 1 OR 2 = 1<sup>ST</sup> AND 2<sup>ND</sup> CHOICE)</b>			
	<b>Central Office Operations - Trenton, NJ (civilian)</b>		
	Division of Community Programs		
	Information Technology Unit		
	Legal Support Unit		
	Public Relations Office		
	Research & Grants Unit		
	Division of Release		
	Revocation Unit		
<b>My signature below affirms I have reviewed this application and all information is true and complete.</b>			
<b>Applicant Signature:</b>			<b>Date:</b>



**NEW JERSEY STATE PAROLE BOARD  
INTERNSHIP PROGRAM APPLICATION**

(please print)

**PART I**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First M.I. / Maiden

**Address:** \_\_\_\_\_  
Street City State Zip

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
MM/DD/YYYY City County State

**Sex:**  Female  Male **SSN:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Alternate Email:** \_\_\_\_\_

**Place of Residence during Requested Internship Period (if different from above):**

**Address:** \_\_\_\_\_  
Street City State Zip

**College/University:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Grade Level in School:** \_\_\_\_\_ **Actual/Expected Graduation Date:** \_\_\_\_\_  
MM/YYYY

**Cumulative GPA:** \_\_\_\_\_

**U.S. Citizen**  Yes  No **Years of Residence in NJ** \_\_\_\_\_

**Language(s) Spoken:** \_\_\_\_\_

**Vehicle Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Vehicle License Plate #** \_\_\_\_\_ **State** \_\_\_\_\_ **Driver's**

**License Number:** \_\_\_\_\_ **State issued:** \_\_\_\_\_

**Type of Internship:**  Academic Credits  Experience Only

(For Credit Only) **School Contact:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Have you previously applied for an internship with the NJSPB?**  Yes  No

**If so, when?** \_\_\_\_\_

**Number of Days (per week) Available to Work:** \_\_\_\_\_



**Briefly state why you wish to intern with the NJSPB:** \_\_\_\_\_

---

---

---

**Special skills, interests, hobbies:** \_\_\_\_\_

---

---

**Current employment and organizations to which you belong:** \_\_\_\_\_

---

---

**Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home #** \_\_\_\_\_

\_\_\_\_\_ **Work #** \_\_\_\_\_

---

**Contact's Relationship to Applicant:** \_\_\_\_\_



## Criminal History

**You must acknowledge all arrests and convictions (adult and juvenile). Having a conviction does not automatically preclude you from an internship with the SPB. However, failure to disclose any criminal history will automatically result in your application being denied.**

### PART II

1. Have you ever been arrested?  Yes  No

2. Have you ever been adjudicated/convicted of any offense/crime?  Yes  No

If yes, please give details. Include month, year, court, and charges:

---

---

---

3. Do you have relatives (by blood or marriage) or friends incarcerated in any New Jersey state or county correctional facility?  Yes  No

If yes, please provide name(s), inmate number, correctional facility, and nature of relationship to the individual(s).

---

---

4. Are you currently on an approved visitors list of an offender incarcerated in any New Jersey correctional facility?  Yes  No

If yes, please provide name(s), inmate number, correctional facility, and nature of relationship to the individual(s).

---

---

5. Do you have any relatives (by blood or marriage) or friends currently under parole supervision in New Jersey or any other state in the US?  Yes  No

If yes, please provide name(s), the District Office he/she reports to, and nature of relationship to the individual(s).

---

---

6. Do you have any physical limitations that may impact your ability to serve in the internship program?  Yes  No

If yes, please give details: \_\_\_\_\_

---

---



**PART III**

**IT IS MANDATORY THAT YOU SUBMIT AN ENLARGED COPY OF YOUR VALID DRIVER'S LICENSE AND YOUR SOCIAL SECURITY CARD WITH YOUR APPLICATION.**

**Prior to approving individuals for an internship, the SPB Office of Professional Standards (OPS) shall conduct a criminal history background verification. Once your criminal history background verification has been completed, you will be notified whether your application has been approved or denied. If approved, you will be scheduled to attend a mandatory orientation and obtain a SPB IP Photo Identification Card. You will not be permitted to start your internship until you have completed the orientation and have your Photo ID. You are required to wear the ID at all times when working or visiting a SPB facility or program, or when authorized by the SPB to attend a conference, seminar, etc.**

I hereby waive my right to privacy of records to allow SPB OPS to conduct a criminal history background verification. I understand that all information will be kept confidential. I acknowledge that the information contained in this application is true and accurate. If approved to participate in the SPB Internship Program, I will adhere to all policy and procedures governing this program.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date



**New Jersey State Parole Board**  
**INTERNSHIP PROGRAM**  
**OFFICE OF PROFESSIONAL STANDARDS (OPS)**  
**WAIVER TO RELEASE CONFIDENTIAL INFORMATION**

**SECTION 1:**

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Last First M.I.

AKA (if applicable) \_\_\_\_\_ Maiden Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

**IT IS MANDATORY THAT YOU SUBMIT A COPY OF YOUR VALID DRIVER'S LICENSE AND SOCIAL SECURITY CARD WITH YOUR APPLICATION PACKET (PLEASE ENLARGE COPIES)**

**(DO NOT FAX THESE ITEMS)**

**SECTION 2:**

To Whom It May Concern:

I hereby authorize all pertinent agencies to furnish the New Jersey State Parole Board with any and all information regarding me, at their request, to determine my suitability for an internship.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**(ORIGINAL SIGNATURE IS REQUIRED)**

**SECTION 3:**

- Have you ever been arrested?  YES  NO

If yes, please provide circumstances, outcome and final disposition for ALL such matters including date of offense and jurisdiction. Having been arrested does not necessarily preclude you from an internship with the SPB. **Failure to disclose or report any arrest information will result in rejection of your application for an internship.** (If necessary, use additional paper.)

Nature of Arrest	Date of Arrest	Name of Court or Police Agency	Disposition

- Do you currently have any relatives or friends on parole?  YES  NO

If yes, identify name and/or District Office: \_\_\_\_\_  
\_\_\_\_\_

- Are you currently on any visitors list at any correctional facility(ies)?  YES  NO

If yes, which facility(ies): \_\_\_\_\_  
\_\_\_\_\_

- Do you presently have any criminal charges pending in any jurisdiction in NJ or other State?  YES  NO

If so, please provide details: \_\_\_\_\_  
\_\_\_\_\_

- Do you have any birthmarks, scars or tattoos?  YES  NO

If so, please provide location(s) and detailed description(s). \_\_\_\_\_  
\_\_\_\_\_

**SECTION 4:**

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

A criminal history background verification has been completed by:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**NEW JERSEY STATE PAROLE BOARD**  
**INTERNSHIP PROGRAM**

**Authorization to Release Confidential Information**

(Please complete this form in the presence of a witness who will include his/her signature.)

I, \_\_\_\_\_, hereby give permission to the New Jersey State Parole Board Internship Program Review Committee, or designee, to release information contained within my Internship Program Application to my **internship supervisor**. This information is significant in determining the most appropriate work location for an internship with the SPB and provides insight with regards to my supervision needs. This release is to be effective until revoked by me, in writing, or when my scheduled internship is completed.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Information contained in this application is confidential and will only be used during the application process.





**NEW JERSEY STATE PAROLE BOARD**  
**INTERNSHIP PROGRAM**

**Records Release Authorization**

(Please complete this form in the presence of a Notary Public who will include a stamp or seal.)

I, \_\_\_\_\_, hereby authorize the release of all information regarding me to the New Jersey State Parole Board, Office of Professional Standards for the purpose of conducting a criminal history background verification. This includes, but is not limited to, any violations of the Criminal Code of this State or any other Jurisdiction (such as: offenses, crimes, misdemeanors, and felonies) in order to determine my suitability for the SPB Internship Program.

This release is to be effective until revoked by me, in writing, or when my scheduled internship is completed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn an subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Provide SEAL/STAMP here

\_\_\_\_\_  
*Notary Public of New Jersey*



**NEW JERSEY STATE PAROLE BOARD**  
**INTERNSHIP PROGRAM**

**Rules and Responsibilities**

(Do not return this page with your application. Please keep for your records.)

1. I agree to abide by all rules and regulations set forth by the SPB.
2. I agree that my services are strictly voluntary, for which I shall not receive any money, gifts, or compensation.
3. I understand my attendance will be scheduled, and I agree to abide by said schedule.
4. I agree to complete a minimum of 100 hours of volunteer service during my internship period. In addition, I agree to complete any requirements set forth by my college or university in order to receive academic credits.
5. I will not exchange gifts, monies, personal services or other favors with any offender or offender's family or relatives.
6. I agree to notify my SPB supervisor of possible violations of supervision by an offender.
7. I will not engage in any volunteer activity under the influence of alcohol, narcotics, or illicit drugs.
8. I will not indulge in undue familiarity with offenders or permit offenders to be unduly familiar with me.
9. I will not extend the period of internship without the approval of the SPB.
10. I will keep confidential, all information regarding SPB matters and all offenders.
11. I will not remove any case material from any SPB facility.
12. I will not attempt to visit any state or county correctional facility without the specific approval of my SPB supervisor.
13. I will not participate in any SPB law enforcement activity.
14. I will attend a mandatory orientation prior to beginning my internship.
15. I will obtain and wear a SPB Internship Program Identification Card at all times.
16. I will discuss with my SPB supervisor or Internship Program Review Committee any rule or responsibility I do not understand.



## NEW JERSEY STATE PAROLE BOARD

### INTERNSHIP PROGRAM

### Rules and Responsibilities Acknowledgement

I, \_\_\_\_\_, acknowledge that I have read and understood the Internship Program Rules and Responsibilities governing my participation as an intern with the SPB. I understand that if I violate any of these rules or responsibilities I will be terminated from the internship with the SPB.

I further acknowledge that prior to beginning an internship with the SPB I must:

- Submit to a criminal history background verification;
- Complete SPB orientation regarding the policies and regulations of the SPB, relating to security and confidentiality of offender information regarding the offenders and the SPB;
- Obtain and wear my SPB Internship Program Photo Identification Card at all times, acknowledging that I may be denied access to programs or facilities if I should fail to wear or present this ID.
- Further agree to abide by all SPB policies, especially those regarding confidentiality and self-disclosure.

Providing my signature below confirms that I accept the terms offered by the SPB Internship Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and date.**

**Keep the Rules and Responsibilities and a copy of this form for your records.**