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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 or mail to: **NJSPB Internship Program
P.O. Box 862, Trenton, NJ 08625**

Print Name:	
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Initial	APPLICATION REQUIREMENTS
	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> ” in the presence of a Notary Public who certified my signature with embossed seal or stamp.
	I included an enlarged copy 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 “Rules and Responsibilities” for my records.

Below mark “X” next to all that apply

	APPLICATION FOR	INTERNSHIP BEGINS ON OR AFTER	APPLICATION DUE DATE (NOT ACCEPTED AFTER)
	Fall Semester	September 1	July 15
	Spring Semester	January 15	October 15
	Summer Semester	May 15	March 15
	Seeking Academic Credit	Professor’s Name	
	Major:	Email Address	
	Experience Only No Credit	Degree Held	Year:

INTEREST OR PREFERENCE (ENTER 1 OR 2 = 1ST AND 2ND CHOICE)

Division of Parole (law enforcement)	Division of Release Institutions (civilian)	Central Office Operations - Trenton (civilian)
DO 1 Passaic	BSP - Leesburg	Div. of Community Programs
DO 3 Red Bank/Neptune	EJSP - Rahway	Information Technology Unit
DO 4 Jersey City	GSYCF - Yardville	Legal Support Unit
DO 5 Newark	NJSP - Trenton	Public Relations Office
DO 6 Trenton	NSP - Newark	Research and Grants Unit
DO 7 Camden	SSCF- Delmont	Div. of Release
DO 8 Pleasantville	SWCF - Bridgeton	Revocation Unit
DO 9 Newark		
DO 10 Bridgeton		
DO 11 New Brunswick		

My signature below affirms I have reviewed this application and all information is true and complete.

Applicant Signature:	Date:
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Briefly state why you wish to intern with the NJSPB: _____

Special skills, interests, hobbies: _____

Organizations to which you belong: _____

If employed, employer's name and address: _____

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 participant 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.