



Date Received: _____
Date Sent to OPS: _____

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

Please initial, X, sign, date where applicable and scan to patti.loukides@spb.state.nj.us or mail to:
Patti Loukides, SIP Cordinator
NJSPB 171 Jersey Street Bldg 2 Trenton, NJ 08625

Initial	APPLICATION REQUIREMENTS
	I completed, signed, and dated the <i>Student Internship Application</i> , (pages 1-4)
	I completed, signed, and dated the OPS “ <i>Waiver for Release of Information</i> ” (pages 1-2).
	I completed the F-10 Office of Professional Standards “ <i>Live Scan Information Grid</i> ”
	I signed, and dated the “ <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, Driver’s License and School I.D.</i>
	I read the “ <i>Rules and Responsibilities</i> ”, signed and dated the verification form and kept the list of “ <i>Rules and Responsibilities</i> ” for my records.

Below mark “X” next to all that apply

APPLICATION FOR	INTERNSHIPS BEGIN ON OR AFTER	SUBMIT APPLICATION FROM	NOT ACCEPTED AFTER
Spring Semester	January 15	September 1	November 15
Fall Semester	September 1	May 1	July 15
Summer Block	May 15	January 1	March 15
Seeking Academic Credit	Instructor’s Name		
Major:	Instructor’s Email		
Experience Only No Credit	Degree Held	Year:	Name of College or University:

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

Law Enforcement Site	Civilian Institutional Parole	Civilian – Central Office
DO 1 Passaic	AWYCF- Bordentown	Community Programs Div.
DO 3 Red Bank	BSP - Leesburg	Juvenile Unit
DO 4 Jersey City	CRAF - Trenton	Legal Unit
DO 5 Newark	EJSP – Rahway	Victim Services Unit
DO 6 Trenton	EMWCR - Clinton	Information Technology (IT)
DO 7 Camden	GSYCF - Yardville	Research Office
DO 8 AC (Galloway)	MSCF - Wrightstown	Public Relations Office
DO 9 Newark	MYCF - Annandale	Release Unit
DO 10 Bridgeton	NJSP - Trenton	Revocation Unit
DO 11 New Brunswick	NSP - Newark	
DO 12 SOMU-N - Passaic	SSCF- Delmont	
DO 15 Gang Unit- COHQ	SWCF - Bridgeton	
DO 17 CPU -COHQ		
DO 18 EM Unit - COHQ		
DO 19 SOMU-S - COHQ		

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

Intern’s Signature:

Date:



Work Location (determined by SPB)

NEW JERSEY STATE PAROLE BOARD
STUDENT INTERNSHIP PROGRAM APPLICATION

(please print)

PART 1

Name: Last First M.I. / Maiden Date:

Address: Street City State Zip

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

Sex: Female Male SSN:

Home Phone: Cell Phone:

Email Address:

Alternate Email:

U.S. Citizen Yes No Years of Residence in NJ

Language(s) Spoken:

Vehicle Make: Model: Color: Year:

College/University: Major: Year in School:

Vehicle License Plate # State

Driver's License Number: State issued:

Type of Internship: Academic Credits Experience Only

(For Credit Only) School Contact:

Email address:

Law enforcement (police, parole officers) District Office

Civilian Institution (Prison) - Name

Community Program: Name and Location

Number of Days Available to Work:

Briefly state why you wish to intern with NJSPB:

Blank lines for writing the reason for wanting to intern.



Special Skills, interests, hobbies: _____

Organizations to which you belong: _____

Emergency Contact Information:

Name: _____ **Cell:** _____

Address: _____ **Home #** _____

_____ **Work #** _____

Contact's Relationship to student: _____



Criminal History

You must acknowledge all arrests and convictions. Having a conviction may not preclude you from an internship with the NJSPB; however, failure to disclose 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 convicted found guilty of a 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 correctional facility? Yes No

4. Are you currently on an approved visitor's list of an inmate incarcerated in any New Jersey correctional facility? Yes No

If you answered yes on question 3 or 4 above, please provide name(s), inmate number and correctional facility. _____

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? IF so, who, and what District Office do they report? _____

6. Do you have any physical limitations? 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 students for an Internship, the NJSPB Office of Professional Standards (OPS), shall conduct a State Bureau of Identification (SBI) criminal background investigation. Once your background check is cleared by OPS, you will be notified that you are approved or denied. If approved, you will be scheduled to attend a mandatory Orientation and obtain a NJSPB SIP 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 NJSPB facilities or program, or when representing the NJSPB at conferences, seminars, etc.

I hereby waive my right to privacy of records to allow NJSPB OPS to conduct a criminal background investigation. 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 NJSPB Student Internship Program, I will adhere to all policy and procedures governing this program.

Signature of Intern

Date



NEW JERSEY STATE PAROLE BOARD
STUDENT INTERNSHIP PROGRAM

Authorization to Release Confidential Information

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

Signature _____ Date _____

Signature of Witness _____ Date _____

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

SECTION 3:

- Have you ever been arrested? YES NO

If yes, please provide outcome/disposition for ALL such matters including date of offense, and jurisdiction. Having been arrested does not necessarily preclude you from a student internship with the NJSPB. **Failure to disclose or report any arrest information will result in rejection of your application for a student 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

Provide description(s) and location(s) _____

SECTION 4:

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

A criminal history check has been completed by:

Name _____ Title _____ Date _____



NEW JERSEY STATE PAROLE BOARD
STUDENT INTERNSHIP PROGRAM

Records Release Authorization

(Please complete this form in the presence of a Notary Public)

I, _____, hereby authorize the release of all information regarding me, to the New Jersey State Parole Board, Office of Professional Standards/OPS (SIU), at their request, to conduct a complete criminal background investigation. This includes but is not limited to any violations of the criminal Code of this State or in any other Jurisdiction (such as; offenses, crimes, misdemeanors, and felonies in order to determine my suitability for the NJSPB Student Internship Program.

This release is to be effective until revoked by me, in writing.

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

STUDENT INTERNSHIP PROGRAM

Rules and Responsibilities

Do not return this page with your application

1. I agree to abide by all rules and regulations set forth by the NJSPB.
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 will not exchange gifts, monies, personal services or other favors with any parolee or parolee's family or relatives.
5. I agree to notify my staff supervisor of possible violations of parole rules by a parolee.
6. I will not engage in any volunteer activity under the influence of alcohol, narcotics, or illicit drugs.
7. I will not indulge in undue familiarity with parolees or permit parolees to be unduly familiar with me.
8. I will not extend the period of internship without the approval of the NJSPB.
9. I will keep confidential, all information regarding NJSPB matters and all parolees.
10. I will not remove any case material from any NJSPB facility.
11. I will not attempt to visit any state or county correctional facility without the specific approval of my site supervisor.
12. I will not participant in any NJSPB law enforcement activity.
13. I will attend a mandatory orientation prior to beginning my internship, obtain and wear a SPB Student Internship Program Identification when working .
14. I will discuss with my supervisor or Student Internship Program Coordinator any rule or responsibility I do not understand.



NEW JERSEY STATE PAROLE BOARD
STUDENT INTERNSHIP PROGRAM
Rules and Responsibilities

I _____, acknowledge that I read and I understood the SIP Rules and Responsibilities governing my participation as an intern with the NJSPB. I understand that if I violate any of these rules and responsibilities, I will be terminated from the internship with the NJSPB.

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

- Submit to a criminal background check;
- Complete NJSPB orientation regarding the policies and regulations of the NJSPB, relating to security and confidentiality of client information;
- Obtain and wear my NJSPB Student Internship Program Photo Identification 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 NJSPB policies, especially those regarding confidentiality and self-disclosure.

Providing my signature confirms that I accept the terms offered by the NJSPB Student Internship Program.

Signature of Intern: _____ Date: _____

Please sign and date. Keep the Rules and Responsibilities and a copy of this form for your records.