Stark County Family Court

Internship Application

Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____ Date: _____

Address: _____

Phone number(s) where you can be reached: _____

E-mail address: _____

Who told you about Stark County Family Court internships? _____

In which quarter or semester are you interested in interning? _____

Will you receive college credits for this internship? ____Yes ____ No

On what date can you begin your internship? _____

What days and hours are you available to intern? _____

In total, how many hours do you plan to work to complete your internship? _____

College you currently attend: _____ Academic Major: _____

Extracurricular Activities/Hobbies: _____

Current educational status: Freshman: ___ Sophomore: ___ Junior: ___ Senior: ___

What are your career plans? _____

What experiences are you looking for in an internship? _____

_____

Have you been convicted of a crime? ____ Yes ____ No If yes, explain: _____

_____

The facts set forth in my application for an internship are true and complete. I understand that if given an internship, false statements on this application shall be considered sufficient cause for loss of the internship. You are hereby authorized to make any investigation of my personal history.

_____
Signature of Applicant