

**U.S. PROBATION OFFICE - WESTERN DISTRICT OF TEXAS**  
**Application for Internship**

Date: \_\_\_\_\_

Name (print) \_\_\_\_\_ Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Preferred Location: (circle): Alpine Austin Del Rio El Paso Midland Pecos San Antonio Waco

Are you a U.S. citizen? \_\_\_\_\_ Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Education: Indicate by circling number of years

Years of study	Name & Location of school	Major field	Degree	Year
High School 1 2 3 4				
College 1 2 3 4				
Graduate Study 1 2 3 4				

Other names used: \_\_\_\_\_

Military service: Branch \_\_\_\_\_ Dates \_\_\_\_\_ Serial No. \_\_\_\_\_

Highest rank \_\_\_\_\_ Type of discharge \_\_\_\_\_

List names of immediate family: parents, spouse, divorced spouse\*, children, siblings:

Relation	Name in full	Address & Telephone no.	Year of birth

\*Date and place of divorce: \_\_\_\_\_

Does any member of your immediate family have a record of prior arrests? \_\_\_\_\_

# STUDENT INTERNSHIP INFORMATIONAL FORM

NAME: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

DATES OF PROPOSED INTERNSHIP: BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

DAYS OF WEEK: \_\_\_\_\_ NUMBER OF HOURS PER DAY: \_\_\_\_\_

NAME OF FACULTY INTERNSHIP ADVISOR: \_\_\_\_\_

TELEPHONE NUMBER OF FACULTY ADVISOR: \_\_\_\_\_

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*PLEASE PRINT THE ANSWERS TO THE FOLLOWING QUESTIONS BRIEFLY. (PLEASE USE THE BACK OF THIS FORM IF NECESSARY.)*

WILL YOU BE WRITING A PAPER OR PREPARING A PROJECT AS PART OF YOUR INTERNSHIP PROGRAM? \_\_\_\_\_ IF YES, WHAT WILL BE THE TOPIC OR SUBJECT MATTER?

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*(PLEASE REMEMBER THAT THE U.S. PROBATION OFFICE REQUIRES THAT YOU SUBMIT A COPY OF ALL PAPERS, AS A RESULT OF YOUR INTERNSHIP TO THE PROBATION OFFICER MONITOR.)*

WHAT GOAL(S) HAVE YOU SET FOR YOURSELF DURING THIS INTERNSHIP?  
(PLEASE BE VERY SPECIFIC)

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IS THERE ANYTHING SPECIFIC THAT YOU WOULD LIKE TO DO AS A PART OF YOUR INTERNSHIP PROGRAM?

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WHAT ARE YOUR CAREER GOALS? (WHAT TYPE OF JOBS WOULD YOU LIKE?)

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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**AGREEMENT TO MAINTAIN CONFIDENTIALITY**

I, \_\_\_\_\_, having been duly appointed as a student intern from (college/university) \_\_\_\_\_, and being fully aware that during my internship I may have access to confidential information, which may include but is not limited to court files, U.S. Probation Office files, U.S. Attorney's Office files, presentence investigations, supervision files, substance abuse, mental health, medical educational, employment and treatment information; and that during my tenure as an intern I may come into contact with law enforcement agents or operatives; and that I may come in contact with individuals who may possess or have access to information do hereby agree to not disclose any such information not only during my internship, but subsequent to my termination from the internship program.

It is further understood that failure to maintain confidentiality of such information may be a violation of federal law and subject to prosecution.

Signed:

Witness:

\_\_\_\_\_  
Name of Student Intern

\_\_\_\_\_  
Name/Title

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**WAIVER OF LIABILITY**

I, \_\_\_\_\_, hereby release the United States Probation Office of the Western District of Texas, and/or its authorized representatives or employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, while participating in, or that may occur as a result of, participating in the Student Internship Program.

Signed:

Witness:

\_\_\_\_\_  
Name of Student Intern

\_\_\_\_\_  
Name/Title

Date: \_\_\_\_\_

Date: \_\_\_\_\_