

CENTER FOR CREATIVE JUSTICE

Student Worker Application Program

Please complete all sections of this application and return to:

Center for Creative Justice
Attn: Debra Claire
210 Lynn Avenue
Ames, Iowa 50014

SECTION I: PURPOSE OF APPLICATION INFORMATION

Thank you for your interest in considering an internship with the Center for Creative Justice (CCJ). Experienced staff works closely with interns. They provide a practical experience to assist the interns' and student workers' integration of their coursework as they prepare for a professional career in corrections or related social services.

Dependent on their experience, coursework, interest and time availability, interns are assigned to a role which we trust will provide a rewarding and educational experience. In every role, interns and student workers function under the same expectations as staff in terms of work attendance, dependability, adherence to established work procedures, and compliance with professional standards of conduct. The intern position is an unpaid position.

The questions which are asked in this application are for the purpose of preliminarily assessing your qualifications as an intern for CCJ. This intern application form contains much of the material included in paid staff applications, but with some differences. The information requested in Section II will provide a basis for evaluating your qualifications as an intern. The information in Section III is essential to determine final approval of your application in regard to any previous law violations or treatment history.

While information obtained in Section III is not an automatic barrier to final acceptance, it will be assessed and discussed with you regarding its relevance to interning within CCJ. The information is requested to expedite the application process. If you have any questions about completing Section III before learning if you meet the basic qualifications for acceptance as an intern, please contact the individual listed above.

SECTION II: IDENTIFYING BACKGROUND INFORMATION

PERSONAL

Last Name:	First Name:	Full middle name:	Date of Birth:
Street Address:			Daytime Phone:
City:	State:	Zip:	Evening Phone:
E-mail Address:			Social Security Number:
Emergency Contact Person (include name, relationship and phone number):			
Positions(s) Interested in:			

EDUCATIONAL HISTORY *(high school, college, graduate, or business school, etc.)*

<u>Name and Location</u>	<u>Course of Study</u>	<u>Degree and Graduation Date</u> <i>(or # of yrs. Completed)</i>
1.		
2.		

EMPLOYMENT HISTORY

(Attach additional sheets if necessary.)

Employer Name (List most recent first):	Telephone:
Address:	Dates Employed: From: _____ To: _____
Name of Supervisor:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Reason for leaving:
Description of Duties:	

Employer Name (List most recent first):	Telephone:
Address:	Dates Employed: From: _____ To: _____
Name of Supervisor:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Reason for leaving:
Description of Duties:	

PREVIOUS VOLUNTEER/INTERNSHIP EXPERIENCE

(Attach additional sheets if necessary.)

Agency/Organization:	Telephone:
Address:	Dates: From: _____ To: _____
Name of Supervisor:	May we contact this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Reason for leaving:
Description of Duties:	

Agency/Organization:	Telephone:
Address:	Dates: From: _____ To: _____
Name of Supervisor:	May we contact this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Reason for leaving:
Description of Duties:	

INTERNSHIP PLAN AND SCHOOL INFORMATION

School Name:	School Address:
Internship Advisor:	Advisor's Phone:
Total Number of Hours Required For Placement:	
School expectations for the internship (please attach any learning contracts or goals):	
Course work that is applicable to your internship plan:	

Please list any strong interests, knowledge area, hobbies, or special skills that could enrich your internship experience:

Are there any skills or knowledge areas that you would like to strengthen?

Why would you like to complete your internship with the Center for Creative Justice? What is your interest in the field of corrections? (Attach additional sheet if more space is needed):

How did you learn about this internship program?

AVAILABILITY FOR EMPLOYMENT

Days of the week and times available:

Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.

Please note unique circumstances:

Number of hours you plan to intern: per week month

Dates you plan to intern: From _____ To _____

REFERENCES

(Please list three personal references, including a relative not living in your household. References will be checked.)

Name	Address	Telephone	Relationship
1.			
2.			
3.			

SECTION III: BACKGROUND CHECK/CRIMINAL RECORD /TREATMENT HISTORY

BACKGROUND

*(The information requested in this section is essential to conduct the record check. You are not legally required to supply this information. However, if you choose to withhold this information, a final decision on your application cannot be made. A criminal history does **not** automatically disqualify you from consideration.)*

Date of Birth: **Month/Day/Year** **Gender:** Female Male

List any other name by which you ever have been known or now are known by:

Do you have a valid Iowa Driver's License: Yes No **If yes, License No.:**

****Have you ever been arrested or received a citation (ticket) for any violation(s) of the law (other than minor traffic offenses)?** Yes No **If yes, please explain (date, charge, sentence, and end of probation/parole or court jurisdiction):**

Have you experienced drug and/or alcohol problems and/or received treatment for any of these problems? If yes, please explain below. You may also explain in a confidential interview.

***Do you have any physical or mental condition (s) which would limit your ability to participate in activities with the Center for Creative Justice:**
 Yes No **If yes, please explain (limitation(s), activity restrictions, etc.)**

***Physical or mental condition(s) do not disqualify an intern. This data is required to determine how to accommodate any special needs.**

ACKNOWLEDGEMENT AND PERMISSION TO CONDUCT RECORD CHECK

I declare that all of the preceding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me from consideration or result in dismissal at a later time.

I hereby give my permission for the Center for Creative Justice to conduct a routine criminal history record check and to obtain other reference information for the purpose of assessing my application for an intern position.

Signature:

Date: