

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
SUPPLEMENTAL VOLUNTEER APPLICATION
STATE COUNSEL FOR OFFENDERS**

General Information:

Name: _____

Law School: _____

Year: _____ Anticipated Graduation Date: _____

For-Credit Internships:

Name of Advisor or Contact Person: _____

Adviser/Contact Person Telephone Number: _____

Total number of hours that must be completed for credit: _____

Hours per week that must be completed for credit: _____

Placement Deadline: _____

Proposed Work Schedule:

Number of weeks available to work: _____

Arrival Date: _____ Departure Date: _____

Days and Hours Available to Work:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

EXPERIENCE AND INVOLVEMENT

List and explain any prior experience you have that would be applicable to interning with SCFO. Attach additional sheets if necessary.

Describe your motivation for applying for this internship.

What you expect to gain from participating in this program?

Where do you see your career in five years?

Is there any aspect of this internship that you anticipate may be difficult or uncomfortable for you to deal with?

Hypothetical question: If you were part of an interview team, and while speaking with the client, he became belligerent or argumentative, how would you handle the situation?

Have you had contact with our office before? Please tell us if you have interviewed with us, spoken with us at your school or previously applied for an internship.

If you could tell me anything about yourself, what would it be?

If you could ask me anything about the internship, SCFO or myself, what would it be?

REFERENCES:

	Name	Telephone Number	Relationship
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

AFFIDAVIT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AT THE SPACE PROVIDED.

1. I understand that I am applying for an unpaid internship.
2. I hereby certify that the statements on this application, as well as those on any attachment(s) to this form, are to the best of my knowledge, correct, and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from the agency.
3. I understand that State Counsel for Offenders will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigations for any criminal history in accordance with applicable statutes.

Applicant's Signature

Date

