



# Des Moines Area Community College

## Criminal Justice Internship Program

### Internship Application

Today's Date: \_\_\_\_\_

Internship Term: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

DMACC Student ID #: \_\_\_\_\_

DMACC Credits Completed: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Program GPA: \_\_\_\_\_

Do you have any limitations or challenges with participating in and/or completing the internship? If yes, please describe below. (NOTE: most criminal justice agencies will require a criminal background check prior to accepting an intern; some criminal histories may limit a student's opportunities): \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_

Access to reliable transportation? \_\_\_\_\_

Please identify your internship preference and career goal(s): \_\_\_\_\_

What have you done so far to research or contact agencies in which you are interested?

I certify that this information is true and accurate to my knowledge. Any intentional misrepresentation(s) of information will make me ineligible to participate in the Criminal Justice Internship Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Typed/Printed Signature

\_\_\_\_\_  
Date