

STATE OF CONNECTICUT

DEPARTMENT OF EMERGENCY SERVICES and PUBLIC PROTECTION DIVISION OF SCIENTIFIC SERVICES



INTERNSHIP PROGRAM

The Department of Emergency Services and Public Protection, Division of Scientific Services is looking for students in the area of Forensics. The internship position is non-paid and is for college students who are required to receive college credit upon completion of the internship assignment. As a requirement of an internship, the student will have to go through a modified background investigation which includes a criminal state and federal check, and a buccal swab will need to be on file in our DNA staff index for possible contamination issues. Selection for internship is contingent upon satisfactory completion of the background investigation.

The purpose of the internship is to provide the intern with hands on working knowledge of the various functions of the Division. The intern may assist in filing and general case management type duties which may include phone calls or emails to various police departments or scanning of discovery/FOIA documents. Some Sections of the Division may be working on special projects such as instrument validation or outsourcing. In these cases, the intern may be asked to assist in portions of these projects.

The intern will also have a rotation through the various Sections of the Division. Depending on their skills and work experience, they may have more hands on roles in various areas.

Please fill out the attached application. Upon receipt of required information, placements will be made according to areas of interest/experience and in order by when the request was received. If selected, the student will be contacted via e-mail to confirm placement and begin the background process.

Print Name: _____

Signature:

My signature acknowledges that I am aware of the background investigation and buccal swab. A typed name will substitute for a handwritten signature.

Date: _____

Submit this form, application, cover letter and resume via mail, email or fax to:

Department of Emergency Services & Public Protection ATTN: Denise Vece Division of Scientific Services 278 Colony Street Meriden, CT 06451

E-mail: denise.vece@ct.gov Phone: 203-639-6400 Fax: 203-639-6485

REV. 09/05/19



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INTERNSHIP APPLICATION FOR COLLEGE STUDENTS

PERSONAL INFORMATION

Name:	DOB:	
Current Address		
Permanent Address:		
Contact Phone:		
Email Address:		
Where do you intend to stay during your internship if accepted?		
SCHOOL INFORMATION		
College:		
Intern Counselor/Advisor:	Telephone #	
Major:	Expected Graduation Date:	
Is an internship required for your school? Yes	No	
If required, how many hours are needed to fulfill the requirement? hours		
Overall GPA: Please check one:	_Undergraduate orGraduate	
The following items must be attached: Result	me Unofficial transcript	

Questionnaire Information

If you need additional space, please feel free to attach a separate sheet of paper. Make sure that you number the questions you are answering accordingly.

- 1. What is your knowledge of Forensic Science? (mark all that apply)
 - ____ I have taken a Forensic Science course
 - ____ I have read books and articles about Forensic Science
 - I enjoy watching non-fictional television shows about Forensic Science
 - ____ I enjoy watching fictional television shows about Forensic Science (CSI,etc.)
 - ____ Other (explain)

2. What forensic science courses have you had or are you currently taking? (please list)

3. What type of career would you like to have?

4. What are your reasons for wanting this internship?

5. Please provide information on any special projects or research done in the scientific fields that relate to forensic science.

6. There are a limited number of internships available at the Forensic Laboratory. Please tell us why you feel that you should be chosen for one of these internships.

7. Please indicate the term in which you wish to carry out your internship, along with the approximate start and end dates. Reminder: Students needing more than 200 hours to fulfill their program's requirement will only be considered for the summer session.

First Choice

- ____ Spring (January May)
- ____ Summer (May August)
- Fall (September December)
- Winter (December January) *not available for students needing more than 120 hours

1 st Choice: Approximate Start Date:	Approximate End Date:
2 nd Choice: Approximate Start Date:	Approximate End Date:
3rd Choice: Approximate Start Date:	Approximate End Date:

8. Questions/Comments:

My signature acknowledges that, I am aware my internship hours must be completed within the months allocated for the semester(s) approved.

Date: