

Acknowledgement:

Connecticut Department of Correction Internship Application Form

CN 100402 Rev. 06/29/18

SECTION 1 – Applicant Instructions

- All questions must be fully answered in its entirety to have the document processed.
- The Connecticut Department of Correction reserves the right to remove or deny an intern's access to an institution without provocation or cause.
- Any applicant applying for an internship shall be at least 18 years old and currently enrolled in a College or University.
- Applicant must forward the completed application to the Central Office Unit or the facility coordinator where they wish to complete an internship (attached)

they wish to complete an internship (attached)											
SECTION 2 - A	pplicant Inform	ation - A	pplicants mu	st be at least 1	8 year	s old	and en	rolled in	a Colleç	je or Un	iversity
Applicant's full na	me:										
Applicant's home	address:										
City/Town:				State:	State:			Zip Code:			
Home telephone: Alternate tele				lephone:	phone: Email			:			
Date of birth: Social s			ecurity number:					Gender:		/lale] Female
Race:	Black	His	panic	White	Nativ	Native American		Asia	n	Other (specify):	
Driver's license:	☐ Yes ☐	No	State:	Operators lic	icense number:						
Primary vehicle registration tag: Make/Model/Year of vehicle:											
			SECTIO	ON 3 – Qualifica	ations						
Do you speak, read or write a language other than											
	□ GED				☐ Bachelors Subject:						
Education (check)): Graduate		☐ Masters Subject:								
	☐ Associate		Post-Graduate Subject:								
SECTION 4 – Internship Preferences											
Check Area											
of Interest	*Affirmative Action	Addiction Services	Criminal Justice	Programs and Treatment/Couns		*Engineering		Educati	on i	Human sources	
(*Central Office						Health Services					
Positions Only)	*Fiscal/ Budgeting	*Legal Affairs	Religious Services	*Managemer Information Sys				Other	r		
Location Requested:	Central Office	Cheshire Cl	Bridgeport CC	Corrigan/Radgo	wski	Hartford CC		Manson	YI R	binson Cl	York Cl
(Check only one location)	Willard/Cybulski CI	Brooklyn Cl	Garner CI	MacDougall/Walk	MacDougall/Walker Cl		New Haven CC		CI Co	role and mmunity ervices	
Parole Regions:	Bridger	port	Hartford	New	ew Haven Norwich-New London			Waterbury			



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SECTION 5 – Conviction Information (REQUIRED) (Your answer to the following question will be considered for internship purposes only)						
Have you ever been CONVICTED of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you (exclude minor traffic violations or any offense settled in Juvenile Court or under a Youth Offender Law)? Yes No (If yes, attach a detailed explanation)						
SECTION 6 – Criminal Justice Agency Work Affiliation						
Are you an employee or ever been employed by the CT-DOC or any other Criminal Justice Agency? Yes No						
If yes, attach a separate sheet describing your role & duties, date(s) of service and your Supervisor's name and contact number.						
SECTION 7 – School Information						
College/University:						
Address:						
City/Town:	State:		Zip Code:			
Major/Minor Concentration:		Number of hours	required for internship:			
Undergraduate: ☐ Freshman ☐ Sophomore ☐ Junior	Senior	Graduate:	☐ Masters ☐ Doctorate			
Requested Semester(s):	Reques	Requested hours per week:				
Days and times of availability:	\ \	Ved 🔲	Thurs Fri			
SECTION 8– School Contact Information						
Faculty Advisor's Name:	Title:		Department:			
Address:						
City/Town:	State:		Zip Code:			
Telephone:	Email:					
Please list specific requirements for this internship as outlined in your Field Placement Manual or Learning Contract:						

If you have questions, please contact the Volunteer Services Unit at: DOC.VolunteerServics@ct.gov



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What do you expect to gain from your field placement exper	ience (educationally, perso	onally, and professionally):			
ecetio.	N.O. Deferences				
	N 9 – References				
Name:	Name:				
Address:	Address:				
Telephone number:	Telephone number:				
Relationship:	Relationship:				
SECTION 9 - Medical Information	Eme	ergency Notification:			
Physician:	Name:				
Telephone number:	Telephone number:				
Insurance company:	Relationship:				
SECTION 10 – Certification					
I certify that the statements made by me on this application are true and complete to the best of my knowledge, and are made in good faith. I understand that any mis-statement of fact may result in termination. All statements made on this application are subject to verification as a condition for an internship. By affixing my signature below, I give the Department of Correction authorization to conduct a criminal history check and contact personal references as a condition of approval for this internship. I further understand that as an intern I may be exposed to danger, including, hostage situations, injury or assault by inmates.					
Applicant signature:		Date:			

If you have questions, please contact the Volunteer Services Unit at: DOC.VolunteerServics@ct.gov



Applicant name (print):

Applicant signature:

E-Mail Address:

VIP Memorandum of Understanding Connecticut Department of Correction

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I, the undersigned, agree to abide by the following conditions of service with the Connecticut Department of Correction. Further, I, the undersigned, willingly provide the information below as part of my application to volunteer with the Connecticut Department of Correction.

- Take nothing, including cell phones or other materials in or out of any correctional facility.
 Cameras, recording or electronic devices are prohibited.
- 2. Respect the integrity and confidentiality of records and other privileged information.
- 3. Communicate clearly and appropriately. Respect staff. Follow instructions carefully.
- 4. If you change address or phone numbers, report new contact information to the facility VIP Coordinator in a timely manner.
- 5. Agree to report to the Director of Volunteer Services any inappropriate behavior or act of a sexual nature directed towards an inmate by any other inmate, any employee, contractor or volunteer, intern or professional partner.
- 6. Park appropriately. Lock all personal items in vehicle or leave in lockers provided at facility entrance.
- 7. Refrain from giving anything to offenders, including personal information, telephone numbers or addresses. No gifts, books, candies, etc.
- 8. Materials or supplies may be given to offenders by staff only.
 Any resources needed will be procured or authorized by a facility supervisor.

9.	Refrain from personal relationships with offenders:							
	A.	Are you related to anyone who is currently incarcerated?	☐ Yes	☐ No	If yes, complete below			
		Name of offender:	Offender	number:				
	В.	Are you on any offender's visiting list?	☐ Yes	☐ No	If yes, complete below			
		Name of offender:	Offender	number:				
10.	tran furl	act in the capacity of a sponsor for an offender for any type of sitional supervision, transitional placement, halfway house an ough) unless the offender is an immediate family member as o oughs <u>AND</u> when authorized by the Commissioner of Correction	id/or any f defined by	urlough, ir Administr	ncluding reentry			
11.	Have you been known by any other name in the past, including maiden name, or a different name prior to religious conversion?							
		Yes No If yes, name:						
12.	If approved to transport offenders, only transport offenders to authorized destination.							
13.	If ar	If arrested or experiencing a significant personal hardship, I agree to report it to my facility supervisor.						
14.	If approved as a correctional VIP, I agree to read the <u>VIP Handbook</u> and participate in required orientation o training. I further agree to act in good faith and within the scope of the duties and responsibilities as defined by Department of Correction staff							

Date: