

# CRIMINAL JUSTICE INTERNSHIP PROGRAM APPLICATION

## NINETEENTH JUDICIAL CIRCUIT

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Internship Committee  
Nineteenth Judicial Circuit  
18 North County Street  
Waukegan, IL 60085  
Beth Bogie: 847.377.3810  
[ebogie@lakecountyil.gov](mailto:ebogie@lakecountyil.gov)

Instructions for application:

1. Complete form (including Waiver and Consent for Background Check).
2. Attach a cover letter.
3. Provide a recent writing sample.
4. Include resume.

Email all documents to Beth Bogie at [ebogie@lakecountyil.gov](mailto:ebogie@lakecountyil.gov).

**NOTE:** Some internships require computer and network access. Interns placed in those positions will need to successfully complete a technology assessment given by the court's IT staff.

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<b>PERSONAL INFORMATION:</b>			
Name: <i>Last</i>	<i>First</i>	<i>MI</i>	Date of Birth: (mm/dd/yyyy)
Current Phone #: <i>Preferred</i>	Alternate Phone #:	E-mail Address:	
Driver's License # or State ID:	State of Issuance:	Expiration Date:	
<b>PERMANENT ADDRESS:</b>			
Street Number and Name:	Apartment/Unit #:	City and State:	Zip Code:
<b>CURRENT ADDRESS:</b>			
Street Number and Name:	Apartment/Unit #:	City and State:	Zip Code:
<b>INTERNSHIP INFORMATION:</b>			
Present College/University:	Major:	Current GPA:	Dates of Attendance:
Total Hours Needed for Internship:	Internship Dates:	Days of Week and Hours Available:	
Internship Advisor's Name:	Internship Advisor Phone #:	Internship Advisor Email Address:	
<b>INTERNSHIP PREFERENCES: (Select top 3)</b>			
<input type="checkbox"/> Adult Probation	<input type="checkbox"/> Juvenile Probation	<input type="checkbox"/> Psychological Services - Adult	
<input type="checkbox"/> Arbitration	<input type="checkbox"/> Juvenile Detention	<input type="checkbox"/> Psychological Services - Juvenile	
<input type="checkbox"/> Law Library	<input type="checkbox"/> Juvenile Research	<input type="checkbox"/> Judicial Information Services	
<input type="checkbox"/> Court Administration	<input type="checkbox"/> Staff Attorney	<input type="checkbox"/> Other -	
Do you have any physical conditions that limit your ability in relation to the internship? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate what, if any, accommodations are required.			
Why did you choose the Nineteenth Judicial Circuit for your internship and what do you expect to gain out of your experience here?			
List any special courses, training sessions, etc., that might relate to the internship position for which you are applying (include Criminal Justice experience).			
Are you bilingual? If yes, which language(s)?			

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<b><u>CURRENT EMPLOYMENT INFORMATION:</u></b>			
Employer Name (1):	Supervisor Name:	Supervisor Phone:	
Employer Address:	Position:	Dates of Employment:	
Employer Name (2):	Supervisor Name:	Supervisor Phone #:	
Employer Address:	Position:	Dates of Employment:	
<b><u>PREVIOUS VOLUNTEER/INTERNSHIP EXPERIENCE:</u></b>			
Organization (1):	Supervisor Name:	Supervisor Phone #:	
Address:	Type of Work: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	Dates of Experience:	
Describe Responsibilities:			
Organization (2):	Supervisor Name:	Supervisor Phone #:	
Address:	Type of Work: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	Dates of Experience:	
Describe Responsibilities:			
<b><u>CONVICTION INFORMATION:</u></b>			
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, provide date, place, nature of conviction and disposition.			
<b><u>REFERENCES: (Please include a Faculty Member and an Employer)</u></b>			
	Name	Relationship	Phone #    E-mail Address
1.			
2.			
3.			
<b><u>EMERGENCY CONTACT INFORMATION:</u></b>			
Name:	Relationship:	Phone # (1):	
Address:		Phone # (2):	

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### INTERNSHIP WORK CONTRACT

Check each box to agree with the statement

I, \_\_\_\_\_, as an intern, understand and acknowledge that I am to:

- Enroll in a College and complete a required internship program for my college degree.
  - Maintain confidentiality and professionalism.
  - Be aware of my role as an authority figure.
  - Work 20 - 40 hours per week without reimbursement.
  - Perform the job duties as assigned to me by my supervisor.
  - Dress appropriately and be punctual.
  - Have no significant history of criminal behavior.
  - Not to have any alcohol or drugs at my work location, nor be under the influence of alcohol or drugs.
  - Not violate any federal, state or municipal laws while serving as an intern.
- I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE.

### WAIVER AND RELEASE

WHEREAS, the Nineteenth Judicial Circuit Internship Program has agreed to accept certain students in the Criminal Justice Internship Program for the purpose of furthering the education of said students, WHEREAS, I have been accepted by the Nineteenth Judicial Circuit as such an intern, and, WHEREAS, the Internship Training Program will include riding in county vehicles and participating in other activities as directed by the Nineteenth Judicial Circuit.

NOW THEREFORE, I hereby in consideration of my acceptance as such an intern by the Nineteenth Judicial Circuit, do release and waive any and all claims or demands of whatsoever nature which I have now or may in the future acquire against said the Nineteenth Judicial Circuit Internship Program together with the officers, agents and employees of the Nineteenth Judicial Circuit resulting from my service as an intern.

I further covenant and agree, in consideration of my placement and acceptance as such intern, to indemnify and hold harmless said the Nineteenth Judicial Circuit, their officers, Agency and employee from any liability which may be incurred by them or either of them, proximately resulting from any acts by me during such internship.

I further represent that I am the age of 21 years or older with full understanding of all risks involved and agree that this waiver and release shall be binding upon my heirs, executors, administrators and assignors\*.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)

\*Parental signature required if under age 21

**I hereby acknowledge that the information in the application is true and correct and I understand that all information provided is subject to verification.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)

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### CONSENT FOR BACKGROUND CHECK

The Nineteenth Judicial Circuit has my consent to conduct a criminal record check as a requirement of the Internship Program.

Name (Please Print): \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Gender: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)