

Connecticut Sentencing Commission: Internship Application

We appreciate your interest in assisting the Connecticut Sentencing Commission. Please complete the following application and submit electronically in PDF format with your resume, a brief sample of your legal or analytical writing and the names of <u>two</u> references. See Sec. 4 for deadlines. We will confirm receipt of your submission and will contact you following its review.

Section 1: Contact Information

Last Name		First Name	MI		
Mailing Addres	S		Apartment #		
City		State	Zip Code		
Cell Phone		Home Phone			
Email Address					
Section 2: School Information					
Law Student	Graduate Student	Undergraduate Student			
School:		Class year:			
Major(s):		Minor:			
Are you eligible for outside funding (such as a grant, stipend, or work study)?					
If yes, list contact person/office, phone or email address:					
School Field Office or Internship Program Contact:					
Contact's phone and/or email:					

Section 3: Applicant Volunteer and Employment History

Please list all recent volunteer activities and employment. Add a separate sheet if necessary.

Name of Organization or Employer:				
Dates of involvement:				
Address	:	Phone Number:		
Supervisor:				
Duties:				

Name of Organization or Employer:				
Dates of involvement:				
Address :	Phone Number:			
Supervisor:				
Duties:				

Name of Organization or Employer:				
Dates of involvement:				
Address :	Phone Number:			
Supervisor:				
Duties:				

Section 4: Internship Information

Applications for Spring semester (January to May) and Fall semester (September to December) are accepted on a rolling basis. Applications for Summer (May to August) are accepted between February 1 and May 30. Applications are considered as they are received, so students are advised to apply early for any or all programs.

Please consider me for: Fall Spring Summer

How many hours per week do you plan to intern?

Section 5: Applicant Certification

Signature Required: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments are true and complete to the best of my knowledge, and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal. All statements made on this application, including employment information, are subject to verification as a condition of interning with the Connecticut Sentencing Commission.

Applicant signature:	Date:	

Note: A typed name will substitute for a handwritten signature

Return this application to:

Connecticut Sentencing Commission Room 212, 185 Main Street New Britain, CT 06051 ATTN: Internship Program Email: <u>Alex.Tsarkov@ccsu.edu</u>