Correction Internship Documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biographical Summary:</td>
<td>This document provides personal identification, education and experience background, and other information pertinent to your candidacy for the internship. A biographical summary should be presented to the internship agency and a copy provided to the course instructor.</td>
</tr>
<tr>
<td>Agency Participation Form:</td>
<td>This document asks for identification of the agency person who will be primarily responsible for supervision of the intern. The form also requests a brief description of the duties and responsibilities that the intern may anticipate performing during the internship. The completed form should be presented to the course instructor.</td>
</tr>
<tr>
<td>Agency Nondiscriminatory Policy Acknowledgment:</td>
<td>This document requires that an authorized representative of the internship agency acknowledge by signature that the subject agency does not discriminate, nor allow discriminatory policies based upon race, sex, religion, age, ethnic origin or creed. The completed form should be presented to the course instructor.</td>
</tr>
<tr>
<td>Student Intern Acknowledgment and Waiver:</td>
<td>This document requires that the intern student acknowledge and execute a written waiver, with agreement to abide by the provisions expressed on the form. The completed form should be presented to the course instructor.</td>
</tr>
</tbody>
</table>

5. All student enrolled in CJ 480 will be evaluated by the instructor based upon performance criteria in the following areas: (1) the level of performance at the internship agency or program; (2) participation in discussion (WebCT); and (3) quality of the written assignments. Performance at the internship agency is assessed, in part, by a written final evaluation report submitted by the internship agency supervisor. A letter grade will be assigned by the instructor inclusive of the student's agency performance and completion of course assignments.
BIOGRAPHICAL SUMMARY
Corrections Internship program
Department of Criminal Justice
Washburn University

Section 1 (Personal Identification Information)
COMPLETE NAME: ______________________________________________________
ADDRESS: ______________________________________________________________
HOME TELEPHONE NUMBER: ___________________________________________
E-MAIL ADDRESS: ______________________________________________________

Section 2 (Background Check Information)
SEX: ___________________________________________________________________
RACE: __________________________________________________________________
SOCIAL SECURITY NUMBER: ____________________________________________
D.O.B.: _______________________________________________________________
DRIVERS LICENSE NUMBER: ____________________________________________

Section 3 (Current Employment Information)
PLACE OF EMPLOYMENT: _______________________________________________
ADDRESS: _____________________________________________________________
TELEPHONE NUMBER: _________________________________________________
SUPERVISOR'S NAME: _________________________________________________

Section 4 (Emergency Notification Information)
CONTACT PERSON'S NAME: _____________________________________________
ADDRESS: _____________________________________________________________
PHONE NUMBER: ______________________________________________________

Section 4 (Educational Background Information)
MAJOR: _____________________    DEPARTMENT: __________________________
MINOR: _____________________    DEPARTMENT: __________________________
TOTAL NUMBER OF COMPLETED HOURS: ________________________________

Section 5 (Student Reference Information)
NAME: ______________________________  PHONE NUMBER: _________________
NAME: ______________________________  PHONE NUMBER: _________________
PROFESSOR: ________________________  PHONE NUMBER: _________________

THE INFORMATION ABOVE SHOULD BE COMPLETED BY ALL STUDENTS
ENROLLED IN CJ 480 CORRECTIONS INTERNSHIP, PRESENTED TO THE INTERNSHIP
AGENCY, AND COPY PROVIDED TO THE COURSE INSTRUCTOR.
AGENCY PARTICIPATION FORM
Corrections Internship Program
Department of Criminal Justice
Washburn University

NAME OF INTERN STUDENT: ____________________________________________

NAME OF PARTICIPATING AGENCY: _____________________________________

ADDRESS: _____________________________________________________________

TELEPHONE NUMBER: __________________________________________________

CONTACT PERSON: _____________________________________________________

Please provide a brief job description for your corrections intern, elaborating on the duties, responsibilities, educational and training opportunities, and other experiences the student might anticipate throughout their internship.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

__________________________________

THE INFORMATION ABOVE SHOULD BE COMPLETED BY THE INTERN SUPERVISOR AND PRESENTED TO THE COURSE INSTRUCTOR.
AGENCY NONDISCRIMINATORY POLICY ACKNOWLEDGMENT
Corrections Internship Program
Department of Criminal Justice
Washburn University

PARTICIPATING AGENCY: _______________________________________________

I, ______________________________________ duly authorized representative of the above (printed name) above agency, do hereby acknowledge and attest that the subject agency does not discriminate, nor allow discriminatory policies, based upon race, sex, religion, age, ethnic origin, or creed.

SIGNED: ___________________________________
DATE   :_______________________________

THE INFORMATION ABOVE SHOULD BE COMPLETED BY THE INTERN SUPERVISOR OR DESIGNATED AGENCY REPRESENTATIVE AND PRESENTED TO THE COURSE INSTRUCTOR.

STUDENT INTERN ACKNOWLEDGMENT AND WAIVER
Corrections Internship Program
THIS WAIVER, executed on the date which appears below-written, by a student of Washburn University, Topeka, Kansas (hereinafter referred to as "University") intending to participate in the Corrections Internship Program (hereinafter referred to as "Intern"), and for the expressed purposes and pursuant to the expressed provisions hereof, acknowledges and waives as follows:

1. The intern is applying for participation in a corrections internship program as a requirement for completion of a Bachelor of Science in Criminal justice degree to be granted by the University, which application depends upon the approval of the participating agency by the University, and which application further depends upon the approval of the intern by the participating agency. The intern is responsible for securing both approvals before commencing study in the internship program.

2. Participation of the intern is upon approval of the University, and such approval is given, subject to the rules and requirements of the internship program as expressed by the Internship Instructor, further subject to the acknowledgment and waiver given by the intern in this agreement, and further subject to the rules and regulations of the participating agency.

3. The intern hereby acknowledges, recognizes, and agrees to assume all risk of loss, including but not limited to damages and/or injuries to the person or property of the intern, and that which could be suffered as a result of participating in the internship program, and thereby, releasing and holding the University harmless for any claims which could be made against the University relating to the intern's participation.

4. The intern further acknowledges, recognizes, and agrees to not represent or hold himself/herself out as an agent, representative or employee of the University while participating in the internship program, nor incur any liability or loss for which the University might be sought to compensate or indemnify.

5. The intern further acknowledges, recognizes, and agrees that the intern will receive his/her instructions and supervision from the participating agency, and that the University does not and will not, direct or employ the intern during the course of participation in the internship program.

IN WITNESS WHEREOF, the intern has set his/her hand the ______ day of __________________, 200__.

STUDENT INTERN’S NAME: ________________________________________________