



**Allen County Court of Common Pleas; Juvenile Division**  
**Walter J. Roush Juvenile Detention Center**

**INTERNSHIP APPLICATION**

**BIOGRAPHICAL / RESIDENTIAL INFORMATION**

Name (printed): \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s): \_\_\_\_\_  
(Maiden Name if applicable) (Junior, II, III, Etc.)

Drivers License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
(Or State I.D.)

Current Address: \_\_\_\_\_  
(Number) (Street, Road, Etc.) (Apt. / Unit / Suite)  
\_\_\_\_\_  
(City) (State) (Zip)

Previous Address:  
(Most Recent) \_\_\_\_\_  
(Number) (Street, Road, Etc.) (Apt. / Unit / Suite)  
\_\_\_\_\_  
(City) (State) (Zip)

**CONTACT INFORMATION**

eMail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

- Note: If no phone number is available, please provide us with the name and number of a contact person.

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**TYPE AND AREA OF INTERNSHIP or VOLUNTEER SERVICE (Check all that apply)**

<input type="checkbox"/> Personal	<input type="checkbox"/> Corrections	<input type="checkbox"/> Social Work &/or Counseling
<input type="checkbox"/> Technical	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Education	<input type="checkbox"/> Faith Based Services
<input type="checkbox"/> Graduate	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Other: _____

**CONFIDENTIAL**

**Background Check Authorization for Judicial & Criminal Justice Purposes**

**Allen County Court of Common Pleas; Juvenile Division**

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Pursuant to Ohio Administrative Code: 5139-37-05(A)(2)(a-c), All applicants seeking appointment are required to submit, as a pre-condition of employment, to testing for illegal drug use and to a criminal background check by the Ohio Bureau of Criminal Investigation & Identification, which shall include providing fingerprint impressions or digital scans.

**Statement of Consent and Understanding Regarding Background Investigation**

By affixing my signature below I acknowledge and understand that the Juvenile Court requires a high degree of integrity and confidentiality of its interns and volunteers and that the nature of this service requires that I do not have a history of violence or recent unlawful activities. I also understand and accept that the nature of my service is such that various law enforcement entities, public agencies, and service providers must be confident in my ability to maintain confidentiality and I must avoid acts which are unlawful or which might reflect negatively upon the Court or its community partners in both my public and private conduct in order that the public's trust in the judiciary might be steadfastly maintained. I therefore acknowledge and understand that it will be necessary for the Juvenile Court to conduct a thorough investigation into my background. I agree to provide my date of birth and social security number solely to assist in the completion of my background investigation.

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **S.S.N.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

By affixing my signature below, I hereby authorize Allen County Juvenile Court and its designated agents or representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer/investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county, or other municipal jurisdictions; driving records, birth records, and any other public, private, or corporate record.

I further authorize any individual, company, firm, corporation, private business, or public agency (including the United States Social Security Administration and any law enforcement agency) to divulge any and all information, verbal or written, pertaining to me, to the Juvenile Division of the Allen County Court of Common Pleas or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, private business, or public agency may have, to include information or data received from other sources.

I hereby release the Juvenile Division of the Allen County Court of Common Pleas, the United States Social Security Administration, any individual, company, firm, corporation, private business, other public agencies, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

Name (printed): \_\_\_\_\_  
(First) (Middle) (Last)

Phone Numbers: Work/Home: \_\_\_\_\_ Mobile \_\_\_\_\_

eMail Address: \_\_\_\_\_

Name (printed): \_\_\_\_\_  
(First) (Middle) (Last)

Phone Numbers: Work/Home: \_\_\_\_\_ Mobile \_\_\_\_\_

eMail Address: \_\_\_\_\_

### Statement of Consent and Understanding Regarding Conditions of Internship or Volunteer Service

1. By affixing my signature below I acknowledge the unique role and function of the Court in the community and therefore agree that the Court may terminate the Agreement, with or without cause and at the sole discretion of the Court, or in the event that I engage in conduct or behavior which is criminal in nature, or which causes a disruption in the operation of the Court or any of its departments, or which adversely reflects upon the Court in the performance of its function in the community. Such conduct is not limited to that which occurs during such times as I am actively participating in the internship or volunteer service under this Agreement.
2. Further; I understand that I shall not be entitled to financial compensation of any kind, including without limitation, any wages and/or fringe benefits associated with employment by the Allen County Juvenile Court during the term of my internship or volunteer service.
3. Further; my duties shall be to report as instructed to a staff member designated by the Court, and to perform any assigned duties in accordance with the Staff member's discretion.
4. Further; I acknowledge the importance of confidentiality and understand that pursuant to Ohio Revised Code Section 2151.14, the records of the Allen County Juvenile Court are confidential and shall not be made public. I shall, in the course of my internship or volunteer service, be permitted access to confidential records and information regarding specific youth involved with the Allen County Juvenile Court. I acknowledge that no dissemination, verbal or written, of any information received or records maintained on any youth or family are to be made public by me, during or after the term of my internship or volunteer service. I will immediately forward any request for such records or information made to me to my assigned Court Supervisor and/or the Court Administrator.
5. I hereby authorize the investigation of all statements contained in this application.

Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_