

Des Moines Area Community College
Criminal Justice Internship Program
Internship Application

Today's Date _____ Internship Term _____

Name _____ Cell Phone _____

Address _____

DMACC Student ID # _____ Credits Completed: _____

Cumulative GPA: _____ Program GPA: _____

Email Address _____

Please identify your internship preference and career goal(s):

Do you have any limitations or challenges with participating in and/or completing the internship? If yes, please describe below. (NOTE: most criminal justice agencies will require a criminal background check prior to accepting an intern; some criminal histories may limit a student's opportunities):

Do you have a driver's license? _____ Access to reliable transportation? _____

I certify that the enclosed information is true and accurate to my knowledge. Any intentional misrepresentation(s) of information will make me ineligible to participate in the Criminal Justice Internship Program.

Signed _____ Date _____