



INTERNSHIP APPLICATION

We appreciate your interest in assisting the Ohio Criminal Sentencing Commission. Please complete the following application and submit electronically in PDF form with your resume, a brief sample of your legal or analytical writing, and the names of **two** references. See **Section 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 Address

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 Name: _____

Contact's phone and/or email: _____

Section 3: 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 to 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 Ohio Criminal Sentencing Commission.

Applicant Signature: _____ Date: _____

Note: A typed name will substitute for a handwritten signature.

Return this application to:

Ohio Criminal Sentencing Commission
65 South Front Street, 5th Floor
Columbus, Ohio 43215-3431
ATTN: Internship Program
Email: Sara.Andrews@sc.ohio.gov