

Des Moines Area Community College

Criminal Justice Internship Program

Internship Application

Today's Date: _____

Internship Term: _____

Name: _____

Cell Phone: _____

Address: _____

Email Address: _____

DMACC Student ID #: _____

DMACC Credits Completed: _____

Cumulative GPA: _____

Program GPA: _____

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? _____

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

What have you done so far to research or contact agencies in which you are interested?

I certify that this 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.

Student Signature

Typed/Printed Signature

Date