

Jasper County Juvenile Center 29th Circuit Court Juvenile Division

29th Circuit Court Juvenile Division 530 South Pearl Joplin, MO 64801

Juvenile Office 417-625-4300 / Fax 625-4377 Detention Office 417-623-6676

Internship Application

Date:							
Section I: Personal Information							
First Name	Full Middle Name	Last Name					
Street Address	City	State	Zip				
Email Address		Phone Number					
Social Security Numb	er	Birth Date					
Race/Ethnicity		Gender					
Employer		Occupation					
Current Driver's License Number		State					
Section II: Backgro	und & Education:						
College/University:		Specific Studies:					
Advisor's Name:	Ac	dvisor's Phone Number:					
Advisor's Email Add	tacc.						

Estima	nated Graduation Date:	
What i	is your desired job field:	
How n	many hours are you required to complete a	as an intern?
What	days and times of the week will you be av	ailable to complete your required intern hours?
Do you	ou have any previous experience volunteers	ing or working with youth? Please specify.
Sectio	on III: Personal References	
Please	e provide two personal references (other th	an family members):
1.	Name:	Relationship:
	Address:	
	Phone Number:	
2.	Name:	Relationship:
	Address:	
	Phone Number:	
Sectio	on IV: Signature	
and a	accurate. I also understand that misinforma	information provided on this application is true ation knowingly provided here, is grounds for and child abuse/neglect check will be done prior
Printed	ed Name	
Signat	ture	Date Date