



Connecticut Department of Correction Internship Application Form

CN 100402
Rev. 06/29/18

SECTION 1 – Applicant Instructions

Acknowledgement:

- All questions must be fully answered in its entirety to have the document processed.
- The Connecticut Department of Correction reserves the right to remove or deny an intern's access to an institution without provocation or cause.
- Any applicant applying for an internship shall be at least 18 years old and currently enrolled in a College or University.
- Applicant must forward the completed application to the Central Office Unit or the facility coordinator where they wish to complete an internship (attached)

SECTION 2 – Applicant Information - Applicants must be at least 18 years old and enrolled in a College or University

Applicant's full name:

Applicant's home address:

City/Town:

State:

Zip Code:

Home telephone:

Alternate telephone:

Email:

Date of birth:

Social security number:

Gender: Male Female

Race:

Black

Hispanic

White

Native American

Asian

Other (specify):

Driver's license:

Yes No

State:

Operators license number:

Primary vehicle registration tag:

Make/Model/Year of vehicle:

SECTION 3 – Qualifications

Do you speak, read or write a language other than English?

Yes No

Specify:

Education (check):

GED

Graduated High School

Associates Subject:

Bachelors Subject:

Masters Subject:

Post-Graduate Subject:

SECTION 4 – Internship Preferences

Check Area of Interest

*Affirmative Action

Addiction Services

Criminal Justice

Programs and Treatment/Counseling

*Engineering

Education

*Human Resources

(*Central Office Positions Only)

*Fiscal/Budgeting

*Legal Affairs

Religious Services

*Management Information System

Health Services

Other

Location Requested:

Central Office

Cheshire CI

Bridgeport CC

Corrigan/Radgowski CI

Hartford CC

Manson YI

Robinson CI

York CI

(Check only one location)

Willard/Cybulski CI

Brooklyn CI

Garner CI

MacDougall/Walker CI

New Haven CC

Osborn CI

Parole and Community Services

Parole Regions:

Bridgeport Parole

Hartford Parole

New Haven Parole

Norwich-New London Parole

Waterbury Parole

If you have questions, please contact the Volunteer Services Unit at: DOC.VolunteerServices@ct.gov



VIP Memorandum of Understanding Connecticut Department of Correction

CN100403
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I, the undersigned, agree to abide by the following conditions of service with the Connecticut Department of Correction. Further, I, the undersigned, willingly provide the information below as part of my application to volunteer with the Connecticut Department of Correction.

1. Take nothing, including cell phones or other materials in or out of any correctional facility. Cameras, recording or electronic devices are prohibited.
2. Respect the integrity and confidentiality of records and other privileged information.
3. Communicate clearly and appropriately. Respect staff. Follow instructions carefully.
4. If you change address or phone numbers, report new contact information to the facility VIP Coordinator in a timely manner.
5. Agree to report to the Director of Volunteer Services any inappropriate behavior or act of a sexual nature directed towards an inmate by any other inmate, any employee, contractor or volunteer, intern or professional partner.
6. Park appropriately. Lock all personal items in vehicle or leave in lockers provided at facility entrance.
7. Refrain from giving anything to offenders, including personal information, telephone numbers or addresses. No gifts, books, candies, etc.
8. Materials or supplies may be given to offenders by staff only. Any resources needed will be procured or authorized by a facility supervisor.
9. Refrain from personal relationships with offenders:
 - A. Are you related to anyone who is currently incarcerated? Yes No If yes, complete below
Name of offender: _____ Offender number: _____
 - B. Are you on any offender's visiting list? Yes No If yes, complete below
Name of offender: _____ Offender number: _____
10. Not act in the capacity of a sponsor for an offender for any type of community release (i.e., any parole, transitional supervision, transitional placement, halfway house and/or any furlough, including reentry furlough) unless the offender is an immediate family member as defined by Administrative Directive 9.8, Furloughs AND when authorized by the Commissioner of Correction or designee.
11. Have you been known by any other name in the past, including maiden name, or a different name prior to religious conversion?
 Yes No If yes, name: _____
12. If approved to transport offenders, only transport offenders to authorized destination.
13. If arrested or experiencing a significant personal hardship, I agree to report it to my facility supervisor.
14. If approved as a correctional VIP, I agree to read the VIP Handbook and participate in required orientation or training. I further agree to act in good faith and within the scope of the duties and responsibilities as defined by Department of Correction staff.

Applicant name (print):

Applicant signature:

Date:

E-Mail Address: