



Wells County Probation Department

102 W. Market Street, Suite 404

Bluffton, IN 46714

Phone 260-824-6496 Fax 260-824-6519

Chief Probation Officer: Gregory E. Werich

Probation Officers: Vicki L. Cale
Stephanie L. Eddy
Melonie D. Coan

Scott N. Ailor
Marci A. Burch
Stephen N. Pastore

Secretaries: Susan Reinhard

Jan Stronczek

Wells County Probation Department Internships

Accepting internships for area students is a community service of the Wells County Probation Department. The purpose of an internship is to provide local students with an opportunity to learn about probation as a career. Wells County Probation will attempt to offer each student a well-rounded experience for learning about probation. Students will be provided opportunities to observe probation officers carrying out their duties and may be provided opportunities to participate in supervision activities.

In exchange for student opportunities to learn, the Probation Department will require the students to assist us in various tasks. Students may be asked to answer the phone, perform general clerical duties, and run local errands. They may also be required to keep a journal about their experience for evaluating the internship program, and regularly meet with the chief probation officer to discuss their experiences.

The following guidelines for internships may vary with each school program and will be determined by the chief probation officer, the school advisor, and the student. Failure to follow these or any other guidelines may result in the student's immediate removal from the internship program.

Standard Duties:

1. Answer phone calls (*Wells County Probation Department. This is _____, how may I help you?*).
2. Greet individuals at the counter (*Hello. May I help you?*).
3. Filing papers and files.
4. Observe probation officers (*Sit quietly in meetings, or as instructed by the probation officer*).
5. Maintain a journal and submit the journal to the Chief Probation Officer on the last day of the internship. (*Journal should describe what you did during each day, and comment on what you learned. Additional observations or suggestions are welcome*).
6. Follow any procedure or safety directions by the Probation Department staff.
7. Comply with confidentiality rules. This guideline is very important, and each intern student must sign a *Confidentiality Observance* form. Any violation of confidentiality will result in immediate termination of the internship, and a report made to the Indiana Judicial Center of the student's actions.
8. Meet and cooperate with other offices and agencies that work with the Probation Department.
9. Follow any other reasonable directions of the Probation Department staff.
10. To report to the office dressed appropriately (*professional attire*).
11. Students must be prompt in reporting to the office at their work times and will not leave until their end of their work day, unless the Chief Probation Officer has been notified in advance of the need to change the work times. Hours will vary with each internship program and will be coordinated before the internship begins. Office hours are 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:30 p.m. Field visits are anytime before/after office hours.

I have read this form, understand its contents, and received a copy of it for my own records on _____.

Student's Signature _____

Chief Probation Officer _____

Internship Experience Checklist

Introductions/Orientation

- < Introductions: Probation, Prosecutor, Circuit Court, Superior Court, Clerk, Welfare
- < Orientation: Bathrooms, Parking, hours, files

Phones/Counter Greeting

- < "Hello... (etc)"

Record Checks

- < Juvenile, Adult, Prosecutor

Juvenile

- < Referrals
- < Preliminary Inquiries
- < Program of Informal Adjustments
- < Delinquency Petitions
- < Fact-Finding Hearings
- < Waivers
- < Predispositional Reports
- < Probation Supervision
- < Placements
- < Modification Petitions
- < Detention

Adult

- < Presentence Reports
- < Sentencing Hearings
- < Probation Supervision
- < Violations

Corollary Services

- < Welfare
- < Substance Abuse Programs
- < Mental Health Programs
- < Placement Agencies
- < Teen Court
- < Community Corrections

Journal

The Probation Department requires as part of the internship program that each student prepares and hands in a journal of their experience. The journal should detail the student's activities for day and make observations of the probation department. Questions, comments, and even suggestions are welcome in the journal entries as part of the daily entries.

AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

I authorize the *Wells County Probation Department* to obtain any information in your files pertaining to my employment, medical, educational, credit, criminal, juvenile, military, mental health, psychological and psychiatric evaluation and treatment, and substance abuse testing and treatment records, including but not limited to duration of employment, summary of contacts, academic achievement, attendance, disciplinary actions, and current status. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information obtained is for the official use of the *Wells County Probation Department*.

I hereby authorize the *Wells County Probation Department* to exchange any information, including Presentence/Predisposition Reports, with another entity, person, or agency that is deemed appropriate and necessary by the *Wells County Probation Department*, for enabling the *Wells County Probation Department* to provide more comprehensive services in my program of supervision, probation, or pre-sentence or pre-dispositional investigations.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, criminal justice agency, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt.

This information is for the official use of the *Wells County Probation Department* and is valid as long as my file is active with the *Wells County Probation Department* or I request, in writing, that the *Authorization to Release and Exchange Information* be voided.

Date

Signature

Witness

Full Name (printed or typed)

Parent(s) or Guardian, if required

Attorney, if available

GENERAL CHECKLIST FOR INTERNSHIP

Before beginning an internship in the probation department, a student must provide the following:

1. Apply as soon as possible before the begin date of your internship
 - a. Complete the application
 - b. Submit the application with a cover letter
 - c. Schedule an interview with the chief probation officer
2. Drivers License or Identification Card must be provided to the chief probation officer after being accepted and before beginning the internship.
3. Written statement from the school stating that an internship in the Wells County Probation Department will be recognized by the school for
 - a. graduation requirements,
 - b. experiential component for a specific course, or
 - c. endorsed by the school for career study program.



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APPLICATION

Intern

Please type or print neatly. Fill in all lines. If not applicable, indicate by "NA"

Last Name: _____ First Name: _____ MI: _____

Current Address: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Social Security No: _____ American Citizen: Yes No

Drivers License No: _____ State of Issue: _____

Dates of internship availability: _____

Number of hours needed for internship: 140 hrs or less 141- 419 hrs 420 hrs or more

Employment History

Please list all employment since the age of eighteen (18), starting with the most recent position. (Use additional paper if form provides insufficient space.) For each job please give:

1. a. Job Title: _____

b. Name of business/organization: _____

c. Address: _____

d. Name of immediate supervisor, title, and phone number:

e. Dates employed: _____

f. Brief description of the work you performed: _____

g. Compensation history: _____

h. Reason for leaving: _____

- 2. a. Job Title: _____
- b. Name of business/organization: _____
- c. Address: _____
- d. Name of immediate supervisor, title, and phone number:

- e. Dates employed: _____
- f. Brief description of the work you performed: _____

- g. Compensation history: _____
- h. Reason for leaving: _____

- 3. a. Job Title: _____
- b. Name of business/organization: _____
- c. Address: _____
- d. Name of immediate supervisor, title, and phone number:

- e. Dates employed: _____
- f. Brief description of the work you performed: _____

- g. Compensation history: _____
- h. Reason for leaving: _____

- 4. a. Job Title: _____
- b. Name of business/organization: _____
- c. Address: _____
- d. Name of immediate supervisor, title, and phone number:

- e. Dates employed: _____
- f. Brief description of the work you performed: _____

- g. Compensation history: _____
- h. Reason for leaving: _____

Education/Training

1. *Elementary School:* _____
City/State: _____

2. *High School:* _____
City/State: _____
Type of diploma: _____

Year of Graduation: _____ GPA: _____

Special courses, training, honors: _____

3. *Undergraduate work*

School: _____

City/State: _____

Degree Earned: _____

Year of Graduation: _____ GPA: _____

Special courses, training, honors: _____

4. *Graduate Work*

School: _____

City/State: _____

Degree Earned: _____

Year of Graduation: _____ GPA: _____

Special courses, training, honors: _____

5. Have you ever applied for or received probation officer certification by the Judicial Conference of Indiana? Yes No

If yes, indicate the present status of certification _____

Other Activities

Please list any professional, volunteer, charitable, or other civic organizations or activities in which you are or have been involved and would like to be considered with your application. Please state the nature of your involvement in the activity. If you do not wish any other activities considered, please indicate by stating "Not Applicable". (*Use additional pages if necessary*).

Criminal History

1. Have you ever been convicted of a felony, misdemeanor, infraction, or traffic offense (excluding parking tickets)? ٺ Yes ٺ No

(If yes, please set out date, name of court, city and state, law enforcement agency involved, charge, and any other disposition. Use additional paper if necessary.)

2. In addition to the convictions listed in paragraph 1, have you ever been accused of a felony, misdemeanor, infraction, or traffic offense (excluding parking tickets)? ٺ Yes ٺ No

(If yes, please set out date, name of court, city and state, law enforcement agency involved, charge, and any other disposition.) Use additional paper if necessary.

References

Please list three (3) professional references: one must be your academic advisor or person responsible for verifying your internship credit. Please limit the references to individuals who have personal knowledge of you during the past five (5) years. Please include telephone numbers.

- 1. _____ Telephone No. _____
- 2. _____ Telephone No. _____
- 3. _____ Telephone No. _____

By submitting this application, the undersigned specifically acknowledges the Wells County Probation Department may use any and all information provided herein to conduct a pre-internship background investigation, including a criminal history check and academic/educational verification. Further, the applicant specifically consents to such investigation.

By signing below, the applicant affirms that the information provided is true, accurate, and complete. Further, the applicant specifically acknowledges that inaccuracies, discrepancies, omissions, or errors on this application discovered after internship begins may result in discipline, up to and including immediate termination.

Signature: _____ *Date:* _____

Date:

TO: _____

Employment Reference Release

I acknowledge that it may be the general policy of _____ (hereafter referred as the Employer) to disclose in response to a prospective employer's request only the following information about current or former employees: (1) the dates of employment, (2) descriptions of the jobs performed, and (3) salary or wage rates.

By signing this release, I am voluntarily requesting that you depart from this general policy in responding to reference requests from the Wells County Probation Department. I authorize you to disclose to this prospective employer any employment-related information that the Employer, in its sole discretion and judgment, may determine is appropriate to disclose, including any personal comments, evaluations, or assessments that the Employer may have about my performance or behavior as an employee.

In exchange for the Employer's agreement to depart from its general policy and to disclose additional employment-related information pursuant to my request, I agree to release and discharge the Employer and the Employer's successors, employees, officers, and directors for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the Employer's disclosure of employment-related information to prospective employers. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between the Employer and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

Signed: _____ Date: _____
(Employee)

Printed: _____

AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

I authorize the *Wells County Probation Department* to obtain any information in your files pertaining to my employment, medical, educational, credit, criminal, juvenile, military, mental health, psychological and psychiatric evaluation and treatment, and substance abuse testing and treatment records, including but not limited to duration of employment, summary of contacts, academic achievement, attendance, disciplinary actions, and current status. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information obtained is for the official use of the *Wells County Probation Department*.

I hereby authorize the *Wells County Probation Department* to exchange any information, including application information, with another entity, person, or agency that is deemed appropriate and necessary by the *Wells County Probation Department*, for enabling the *Wells County Probation Department* to provide internship supervision.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, criminal justice agency, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt.

This information is for the official use of the *Wells County Probation Department* and is valid as long as my file is active with the *Wells County Probation Department* or I request, in writing, that the *Authorization to Release and Exchange Information* be voided.

Date

Signature

Witness

Full Name (printed or typed)

Parent(s) or Guardian, if required



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I understand that all information that is provided to me through my employment/internship of the Wells County Probation Department is confidential and cannot be disclosed to anyone, i.e. other clients, professionals, client family members, personal family members, agencies, military, and schools, etc.

Information may only be released by an *Authorization to Release Information* form signed by the client. All State and Federal laws must be obeyed to be in compliance with an appropriate release.

Violations of confidentiality may result in loss of employment/internship and possible fines and imprisonment.

Date: _____

Employee/Intern

Supervisor