

**REQUEST FOR PERMISSION TO PARTICIPATE
IN STUDENT INTERN PROGRAM
AND
ACKNOWLEDGMENT OF RISK**

The undersigned hereby requests permission to participate in a non-compensated Student Intern Program with the United States Probation Office, District of Maine. The student internship is for the purpose of educational benefit and practical experience in my field of study. If permission is granted, I hereby agree to obey all rules, regulations, and instructions of the United States Probation Office and the United States District Court. I fully realize and appreciate the basic nature of probation work and the possibility that situations may arise which might result in my being exposed to the danger of physical harm or injury. I nevertheless freely and voluntarily accept these risks.

Student Intern Signature

Date

Student Intern Name (Printed)

Date

Student Intern Coordinator

Date

