

**U.S. Probation Office - District of Maine**  
**Student Intern Supplemental Application Form**  
**(Please Print or Type)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

School: \_\_\_\_\_

Circle Probation Office you would like to conduct internship: PORTLAND                      BANGOR

Dates of Internship: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Credit hours you would receive: \_\_\_\_\_ Hours available: \_\_\_\_\_

Name, Address, and Telephone number of Faculty Internship Advisor:

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions briefly:

\_\_\_\_\_

1. Will you be writing a paper or preparing a project as a result of your internship?

**The Probation Office requires that you submit a copy of all papers prepared as a result of your internship to the officer coordinating your training.**

2. What goals have you set for yourself to accomplish during your internship?

3. What are your career goals? Please give examples of jobs you would like to have.

Please list schools attended (including high school), name and address of school(s) attended and degree/year below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_