

ILLINOIS STATE
UNIVERSITY



PROFESSIONAL PRACTICE CHECKLIST

Student Name _____

Internship Semester (Year):

Spring _____

Summer _____

Fall _____

_____ Resume – Two (2) Copies on Resume Paper

_____ Passport Photos – Two (2)

_____ Professional Practice Application Form

_____ Release Form (Waiver of Liability) - Notarized

_____ Professional Practice Fact Sheet

_____ Professional Practice Application Procedure

_____ Professional Practice Agreement Letter

_____ Professional Practice Emergency Contact Form

_____ Health Insurance Certification

_____ Insurance Cancellation Form – If Applicable

_____ Agency Application – If Applicable

DEPARTMENT OF CRIMINAL JUSTICE SCIENCES INTERNSHIP APPLICATION PROCEDURE

The following checklist is intended to minimize any possible confusion between the Criminal Justice senior level student and the Internship Coordinator as to the procedures for placement in the Professional Practice (internship) program. Please **read and initial** the following conditions to show that you have read and understand the requirements of the internship program.

- The placement process will not begin until the student has met the requirements and is enrolled in CJS 395.
- The Internship Coordinator will not begin assisting with the placement of a student in an internship site until the student submits: the completed internship packet (including a notarized copy of the Waiver of Liability form), two copies of a **passport photographs**, a complete **Health Insurance Certification** form with a copy of any private insurance card and two copies of a **resume**, which must be laser or professionally printed on resume paper. It is recommended that students have their resumes reviewed by Mark Fauble at the Career Center, Student Services Building (by appointment only).
- Students should have met with the Coordinator prior to the beginning of CJS 395 to discuss internship options. The student should come prepared with their 3 choices for potential internship when beginning CJS 395. Once the required paperwork is turned into the Coordinator, the Coordinator will then mail a packet of information including a copy of the student's resume and the Internship Referral form to the potential site. All referrals will be sent out by the end of the fourth week of the semester. **IT IS THEN THE STUDENT'S RESPONSIBILITY TO CONTACT THE INDIVIDUAL LISTED AS THE "AGENCY SUPERVISOR" TO SCHEDULE AN INTERVIEW.** The contact must be made within ten (10) days of receiving the referral notice, you may check with the Coordinator to verify the mailing date of your referral.
- **THERE WILL ONLY BE ONE REFERRAL SENT AT A TIME.** The student will not be allowed to apply to multiple employer sites in order to receive what they consider to be the "best site." Some employers require a background check and considerable patience must be shown by students who wish to intern with them, as this process can take most of the semester.
- Out-of-state/country internships are allowed and encouraged but the student is required to make the majority of arrangements concerning out-of state placement and should consult with the coordinator 6-12 months prior to the expected start date of the internship.
- Federal and State Agencies may require students to submit an application 6-12 months prior to the expected start date of the internship, therefore the student should meet with the Coordinator no later than second semester junior year to begin the process.
- It is the student's responsibility to meet with the Academic Advisor to ensure that all graduation requirements are met prior to the start date of the internship.

ILLINOIS STATE UNIVERSITY
DEPARTMENT OF CRIMINAL JUSTICE SCIENCES
PROFESSIONAL PRACTICE APPLICATION FORM

Student Name _____ UID # _____

School Address _____

Telephone (_____) _____

ISU Email address _____

Home (Permanent) Address _____

Telephone (_____) _____

Alternate Email Address _____

Do you have any physical or mental condition which may affect placement? YES NO

Have you ever been arrested? YES NO

Are you currently under indictment? YES NO

****If the answer is yes, this will not necessarily eliminate you from placement. However, the issue needs to be discussed with the coordinator.**

Grade Point Average Cumulative _____ Major _____

Type of Professional Practice & Preferred Location

Please list the contact information for your first preference for an internship

Agency/Department Name: _____

Contact Person's Name: _____

Address: _____

Phone number: _____

Fax number: _____

Please list the contact information for your second preference for an internship

Agency/Department Name: _____

Contact Person's Name: _____

Address: _____

Phone number: _____

Fax number: _____

Please list the name of your third preference for an internship:

I am aware that providing false information will be cause for dismissal from the Professional Practice. Some agencies require criminal record checks and character references prior to accepting an intern. This application gives consent to such a check as may be necessary.

Signed: _____ Date: _____

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Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in a Criminal Justice internship, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Board of Trustees of Illinois State University, its officers, employees, agents and assigns from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in any such internship.

Assumption of Risks: Participation in a Criminal Justice internship carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as bruises, sprains, floor burns, and soreness to 2) major injuries such as pulled muscles, broken bones, and fractures to 3) risks associated with travel including major and minor car accidents.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in participating in a Criminal Justice internship. I hereby assert that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless the Board of Trustees of Illinois State University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in my Criminal Justice internship.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

EXECUTED on this _____ day of _____ 20____

(Student Signature)

Subscribed and sworn to before me
This _____ day of _____ 20____

(Notary Public)

Professional Practice Agreement

I, _____, do hereby agree to complete 480 hours with a professional practice site approved by myself and the Professional Practice Coordinator, have the professional practice site supervisor complete the Midterm Evaluation and Final Evaluation forms, and I will complete the Internship Paper.

If unforeseen circumstances arise and the hours cannot be completed with the internship site, the Professional Practice Coordinator will be notified immediately about any change in my internship plans prior to ending or terminating said internship. If I fail to fulfill these expectations, I may not receive credit for CJS 398.01, CJ Internship I; and CJS 398.02, CJ Internship II. I also acknowledge that if I am terminated from my internship for unethical, improper, or illegal conduct, I will receive a failing grade for the internship and will be required to enroll in alternate course work.

EXECUTED on this _____ day of, _____ 20_____.

(Student Signature)

Emergency Contact Information

Student Name _____

Primary Contact Person

Contact Person Name _____

Relationship to Contact _____

Contact Address _____

Telephone (_____) _____

Contact Person Email _____

Secondary Contact Person

Contact Person Name _____

Relationship to Contact _____

Contact Address _____

Telephone (_____) _____

Contact Person Email _____