

Thirteenth Judicial Circuit ADMINISTRATIVE OFFICE OF THE COURTS

Internship Program

Thank you for your interest in becoming a Court Programs Intern in the Thirteenth Judicial Circuit of Florida. Completion of the application conveys interest in pursuing a required internship which will be verified by your academic program. Please complete the application fully. All blanks must be filled out for the application to be considered.

Name:			
(Last)	(First)		(Middle)
Address:(Street Address)			
(Street Address)	(City)	(State)	(Zip Code)
Phone Number:	E-Mail Ac	ldress:	
College/University:	If Other (add name)		
Program:			
Graduate/Undergraduate:	Graduation Dat	te:	
Internship Specifications:			
I request placement for the following sen	nester/term:		
Number of semesters you would like to in	ntern:		
Number of hours per week you would like	e to intern:		
The exact dates you would like to start an	nd end your internship (i.e	e. Aug. 22 – Dee	c. 6, 2022).
Do you require Clinical Supervision from	an MSW?		_
Please indicate your placement preference choices:	ences by placing a 1 st , 2 nd	^d , 3 rd or 4 th nex	xt to your top four
<u>Children's Justice</u> /	Dependency		Domestic Relations
Child Advocacy Centers	Case Management		Case Management
*Family Law(MSW only)	Juvenile Diversion Programs		<u>Mediation and</u> <u>Diversion</u>
<u>Problem Solving</u> <u>Courts</u> (graduate student)	Special Projects		Elder Justice Center two consecutive semesters required)

2. Have you ever been arrested, convicted of a crime, had adjudication of a crime withheld, pled nolo contendere to a crime, or are you now under charges or probation for any offense against the law? If yes, please explain that involvement:

3. As a Court Programs Intern, you may have access to confidential information that may not be disclosed, except as permitted or required by law. Court program staff, contractors and interns are obliged to adhere to Confidentiality and Health Insurance Portability and Accountability ACT (HIPPA) Guidelines. Please initial at the end of this sentence to acknowledge that you have read and understand that if you are selected as a Court Programs Intern, you will be required to sign Confidentiality Acknowledgement and Code of Conduct form(s).

4. By signing below and returning this application, I acknowledge that the information in my application is true and correct, and that I understand <u>that upon submission of this application I</u> <u>am agreeing to serve as an intern if selected and will honor that commitment.</u> Please initial at the end of this sentence to acknowledge that you have read and understand that upon submission of this application of this application that the AOC as a Court Programs Intern, if selected.

Initials

5. By signing below and returning this application, I confirm understanding that students who do not register internship hours as a course, are ineligible for a Court Programs Internship.

Initials

6. The number of interns accepted each semester will depend upon the circuit's needs at the time.

Signature

Date

Printed Name

Submit this application along with:

- (1) Current resume;
- (2) A cover letter directed to the attention of the "Director of Behavioral Health" expressing your interest in an internship;
- (3) A completed <u>records check form</u>; and
- (4) A legible copy of your driver's license.

Please e-mail this application and all of the above to:

Yvette L. Boatwright, Director of Behavioral Health - <u>boatwryl@fljud13.org</u> Please be sure your scanned copies are legible prior to forwarding.