



# Harris County Juvenile Probation Department

1200 Congress  
Houston, TX 77002  
Phone: 713-222-4848  
Fax: (713) 437-4216



## INTERNSHIP APPLICATION

### APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Phone Number:

Email:

Years live in Houston:

Previous address (\* if above is less than one year):

Emergency Contact Person and Number:

Do you have any relatives/friends who are presently working for Harris County Juvenile Probation Department at any capacity? (If so, list names)

Do you have any relatives/friends who are presently under the jurisdiction of Harris County Juvenile Probation Department? (If so, list names)

### EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

Position:

Work Schedule:

Is your schedule Flexible? (explain)

### EDUCATION INFORMATION

Semester/Year for desired Internship:

Internship Hours Required per semester:

University Name:

Degree:

Advisor's Name & Contact Information:

Major:

Expected Graduation Date:

GPA:

Desired Placement Sites  
(no addresses):

1<sup>st</sup> Choice:

2<sup>nd</sup> Choice:

3<sup>rd</sup> Choice:

### ADDITIONAL INFORMATION:

What days and times do you plan to complete your internship hours?

Are you taking any additional classes during the semester of the internship? If so, how many and what days and times do the classes meet?

Are you available to intern in the evenings and on some Saturdays? Which evenings?

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Other Language(s) Spoken:

Do you have dependable Transportation? (If so, please explain: vehicle, metro, other, etc.)

### GENERAL DATA

Special Skills, hobbies, or other interests:

List organizations with which you are affiliated:

Describe why you want to intern with Harris County Juvenile Probation:

How did you hear about this internship opportunity?

What is your career goal after graduation?

### UNIVERSITY REFERENCES

**A letter from the University approving this internship for class credit must accompany this application.**

### MEMO OF UNDERSTANDING

I will respect the principles of confidentiality according to the Federal Privacy Act of 1977 and Chapter 58 of the Texas Family code; and understand that if I release any information about a juvenile, I will not be able to continue as an intern.

I will keep current Automobile Liability Insurance for my personal vehicle during my internship/volunteer service.

I assume complete responsibility for any injuries, physical or mental, which I might sustain during the internship.

I understand and agree that my application will be reviewed. I will submit required references, give my permission for a criminal record check of my background and fingerprinting to be done before my internship/volunteer service. I understand that any false information on my application may be cause for dismissal from the internship/volunteer program. I also understand that this information will be kept in the strictest confidence and only released with my permission.

I understand that I will be expected to attend an orientation session in order to become familiar with necessary policies and procedures. The intern training will be provided by trained staff of the Harris County Juvenile Probation.

Further, I agree to maintain regular communication with my supervising staff member and be reliable in reporting for scheduled assignments.

I understand if I am charged with a criminal offense I must report this information the next working day to my supervisor or program for which I am volunteering. On the same day, the supervisor/program director must report the charge to the office of Administrative Services of the Harris County Juvenile Probation Department. I will perform no other volunteer responsibilities after this criminal offense charge is made until I am given written clearance to do so by HCJPD. HCJPD will evaluate this charge on an individual basis. I understand that depending on the nature and seriousness of the offense, I may be asked to discontinue my activities.

### SIGNATURE

Signature of applicant:

Date:



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### HCJPD INTERN PLACEMENT SITES

*PLEASE INDICATE TOP 3 CHOICES ON YOUR APPLICATION*

UNIT	ADDRESS	LOCATION
<b>Intake</b>	1200 Congress St., Houston, TX, 77002	Downtown-1 <sup>st</sup> Floor of Juvenile Justice Center (Must Pay for Parking)
<b>Court Services / Pre-Adjudication Team</b>	1200 Congress St., Houston, TX, 77002	Downtown-4 <sup>th</sup> Floor of Juvenile Justice Center (Must Pay for Parking)
<b>C.U.P.S. 1</b>	4605 Wilmington, Houston, TX 77051	288 South/Sunnyside
<b>C.U.P.S. 2</b>	9111 Eastex Freeway, Houston, TX 77093	Hwy 59 (Eastex Freeway) and Tidwell-1 <sup>st</sup> Floor
<b>C.U.P.S. 3</b>	101 S. Richey, Ste A, Pasadena, TX, 77506	Pasadena
<b>C.U.P.S. 4</b>	5815 Antoine, Houston, TX 77091	Antoine at Tidwell
<b>CUPS 5 Youth Empowerment Services and Supervision Program (YESS)</b>	6500 Chimney Rock Rd, Cottage 6, Houston, TX 77081	Off of Chimney Rock and Clarewood (Southwest Houston)
<b>C.U.P.S. 6</b> (Intensive Supervision-Female Intervention Program)	9111 Eastex Freeway, Houston, TX 77093	Hwy 59 (Eastex Freeway) and Tidwell-1 <sup>st</sup> Floor
<b>C.U.P.S. 7</b> (Residential Aftercare Unit)	2525 Murworth, Houston, TX 77054	Reliant Arena Area; Loop 610 and Kirby
<b>C.U.P.S. 8</b>	1721 Pech Rd., Suite # 207, Houston TX 77055	Spring Branch Area
<b>C.U.P.S. 9</b> (Special Needs, Sex Offender, and Mental Health Unit)	2525 Murworth, Houston, TX 77054	Reliant Arena Area; Loop 610 and Kirby
<b>Service Learning Center</b>	6300 Chimney Rock Rd, Houston, TX 77081	Off of Chimney Rock (near Clarewood) (Southwest Houston)
<b>Gang Court</b>	6500 Chimney Rock Rd, Cottage 6, Houston, TX 77081	Off of Chimney Rock and Clarewood (Southwest Houston)
<b>Mental Health Court</b>	1200 Congress, Houston TX 77002	Downtown-4 <sup>th</sup> Floor of Juvenile Justice Center (Must Pay for Parking)
<b>Harris County Leadership Academy</b> (secure placement for boys & girls)	9120 Katy-Hockley, Katy, Texas 77449	Katy area (facility can be reached via Interstate 10 or Highway 290)
<b>Harris County Youth Village</b> (non-secure placement for boys & girls)	210 JW Mills Rd, Seabrook, TX 77586	Near NASA; off of 45 South and Nasa Rd. 1
<b>Burnett Bayland Rehabilitation Center</b> (secure placement for boys)	6500 A Chimney Rock, Houston, TX 77081	Off of Chimney Rock and Clarewood (Southwest Houston)
<b>C.U.P.S. =Community Unit Probation Services</b> (House Field Services Juvenile Probation Officers)		

*For degrees other than Criminal Justice, please make a note on your application.*

*(Ex. Training, Technology and Systems Development, Education, etc.)*



**BACKGROUND CHECK FORM (Part A)**  
**Criminal Check**  
*Harris County Juvenile Probation Department*

*Office of Public Affairs  
 1200 Congress  
 Houston, Texas 77002*

Pursuant to Title 37, Part 11, Chapter 344 of the Texas Administrative Code, the Harris County Juvenile Probation Department (HCJPD) performs fingerprint-based criminal history checks on service providers, interns, volunteers, and mentors. In addition, per HCJPD policy, the department performs initial and annual criminal history checks through TCIC/NCIC. **This form must be completed and signed by the applicant prior to processing both initial and annual criminal history checks.**

**SUBMISSION INSTRUCTIONS**

HCJPD background check forms contain two parts which are used to process checks in two separate databases. **Both sections (Part A & Part B) of this form must be completed in full (including duplicate information) and each section requires a signature and date.** Upon completing, please scan and save both pages of this form in the following format:  
 Last Name, First Name for Name of Organization (Example: Smith, Bob for Vision Keepers)

**REFERRING AGENCY INFORMATION**

<b>Date Sent:</b>		<b>Referring Agency:</b>	
<b>Referring Agency Contact:</b>			
<b>Agency Contact Email:</b>			

**PURPOSE OF CRIMINAL CHECK**

<input type="checkbox"/> New Intern	<input type="checkbox"/> Annual Renewal Intern
<input type="checkbox"/> New Volunteer	<input type="checkbox"/> Annual Renewal Volunteer
<input type="checkbox"/> New Vendor	<input type="checkbox"/> Annual Renewal Vendor

**INTERN, VOLUNTEER, OR VENDOR INFORMATION**

**PLEASE ENTER YOUR FULL LEGAL NAME BELOW**

<b>FIRST</b>		<b>MIDDLE</b>		<b>LAST</b>	
<b>STREET ADDRESS</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>	<b>ID Card# / Driver's License #</b>	<b>Issuing State</b>	<b>GENDER</b>	
<b>APPLICANT HOME TELEPHONE #</b>			<b>APPLICANT OTHER CONTACT #</b>		

Have you ever been employed by the Harris County Juvenile Probation Department?  YES  NO

Do you currently have any family members under the supervision of the Harris County Juvenile Probation Department?  YES  NO

Have you ever had a JPO or JSO Certification revoked by the Texas Juvenile Justice Department?  YES  NO

**CRIMINAL CHECK AUTHORIZATION**

By virtue of my signature I certify the name, address, personal descriptive information is accurate as recorded on this document and I hereby authorize the Harris County Juvenile Probation Department to perform a criminal history background check.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**HCJPD USE ONLY- APPLICANT DO NOT WRITE BELOW THIS LINE**

I certify that a records check has been completed on the above listed person. I find them to be:  
 ACCEPTABLE  UNACCEPTABLE

Signature of Person Completing Check: \_\_\_\_\_ Date: \_\_\_\_\_



**BACKGROUND CHECK FORM (Part B)**  
**Child Abuse/Neglect Central Registry Check**  
*Harris County Juvenile Probation Department*

*Office of Public Affairs*  
*1200 Congress*  
*Houston, Texas 77002*

I authorize the Harris County Juvenile Probation Department to submit a request for a Texas Department of Family and Protective Services (DFPS) Central Registry Abuse and Neglect check on me as required by the Prison Rape Elimination Act (PREA) standards and HCJPD Policies relating to enlisting the services of any vendor/volunteer who may have contact with residents in juvenile facilities.

I understand DFPS maintains a central registry of reported cases of child abuse and neglect, which includes, information gathered during Child Protective Services (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) facility investigations of child abuse and neglect that resulted in a disposition of “reason to believe” for CPS and CCL cases or “confirmed and validated” for APS cases.

**I understand that I will not clear the Central Registry check if:**

- I have the role of designated perpetrator or sustained perpetrator in an investigation included in the registry; or
- I am involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS.

As the subject of the request, I have the right to receive the results of the check and to share them with any third party. I further understand if the check results in a match as described above, DFPS will only send the results directly to me via mail or email.

**Please complete each field below, ALL INFORMATION IS REQUIRED to process the requested Central Registry Check; missing information may result in a delay of the request.**

First Name	Middle Name	Last Name

**Other names or spellings used (married, maiden, alias etc.) – First, Middle, Last (continue on back as need)**

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Current Address	City	County	State	Zip Code

Social Security Number	Date of Birth	Gender	Primary Daytime Telephone Number
		<input type="checkbox"/> Female <input type="checkbox"/> Male	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business/Work

Ethnicity	RACE	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander

**List all known physical addresses for the past 10 years (continue on back if needed)**

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**VENDOR/VOLUNTEER ACKNOWLEDGEMENT**

I certify that there are no willful misrepresentations, omissions, or falsifications in the aforesaid statements and answers. I am aware that should any investigation disclose any misrepresentations, omissions, or falsifications, my request to provide volunteer/vendor services may be rejected or if already providing services, my volunteer/vendor services may be terminated.

Printed Name	Signature	Date