



STATE OF CONNECTICUT

DEPARTMENT OF EMERGENCY SERVICES and PUBLIC PROTECTION DIVISION OF SCIENTIFIC SERVICES



INTERNSHIP PROGRAM

The Department of Emergency Services and Public Protection, Division of Scientific Services is looking for students in the area of Forensics. The internship position is non-paid and is for college students who are required to receive college credit upon completion of the internship assignment. As a requirement of an internship, the student will have to go through a modified background investigation which includes a criminal state and federal check, and a buccal swab will need to be on file in our DNA staff index for possible contamination issues. Selection for internship is contingent upon satisfactory completion of the background investigation.

The purpose of the internship is to provide the intern with hands on working knowledge of the various functions of the Division. The intern may assist in filing and general case management type duties which may include phone calls or emails to various police departments or scanning of discovery/FOIA documents. Some Sections of the Division may be working on special projects such as instrument validation or outsourcing. In these cases, the intern may be asked to assist in portions of these projects.

Please fill out the attached application. Upon receipt of required information, placements will be made according to areas of interest/experience and in order by when the request was received. If selected, the student will be contacted via e-mail to confirm placement and begin the background process.

Print Name: _____

Signature: _____

My signature acknowledges that I am aware of the background investigation and buccal swab.

A typed name will substitute for a handwritten signature.

Date: _____

Submit this form, application, cover letter and resume via mail, email or fax to:

Department of Emergency Services & Public Protection

ATTN: Catherine DeRoy

Division of Scientific Services

278 Colony Street

Meriden, CT 06451

E-mail: catherine.deroy@ct.gov

Phone: 203-694-6525

Fax: 203-639-6485



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INTERNSHIP APPLICATION FOR COLLEGE STUDENTS

PERSONAL INFORMATION

Name: _____ DOB: _____

Current Address _____

Permanent Address: _____

Contact Phone: _____

Email Address: _____

Where do you intend to stay during your internship if accepted? _____

SCHOOL INFORMATION

College: _____

Intern Counselor/Advisor: _____ Telephone # _____

Major: _____ Expected Graduation Date: _____

Is an internship required for your school? _____ Yes _____ No

If required, how many hours are needed to fulfill the requirement? _____ hours

Overall GPA: _____ Please check one: ___ Undergraduate or ___ Graduate

The following items must be attached: _____ Resume _____ Unofficial transcript

Questionnaire Information

If you need additional space, please feel free to attach a separate sheet of paper. Make sure that you number the questions you are answering accordingly.

1. What is your knowledge of Forensic Science? (mark all that apply)

- I have taken a Forensic Science course
I have read books and articles about Forensic Science
I enjoy watching non-fictional television shows about Forensic Science
I enjoy watching fictional television shows about Forensic Science (CSI, etc.)
Other (explain)

6. There are a limited number of internships available at the Forensic Laboratory. Please tell us why you feel that you should be chosen for one of these internships.

7. Please indicate the term in which you wish to carry out your internship, along with the approximate start and end dates. Reminder: Students needing more than 200 hours to fulfill their program's requirement will only be considered for the summer session.

First Choice

- Spring (January – May)
- Summer (May – August)
- Fall (September – December)
- Winter (December - January) *not available for students needing more than 120 hours

1st Choice: Approximate Start Date: _____ Approximate End Date: _____

2nd Choice: Approximate Start Date: _____ Approximate End Date: _____

3rd Choice: Approximate Start Date: _____ Approximate End Date: _____

8. Questions/Comments:

My signature acknowledges that, I am aware my internship hours must be completed within the months allocated for the semester(s) approved.