

**SCHOOL OF CRIMINOLOGY, CRIMINAL JUSTICE, & EMERGENCY MANAGEMENT
INTERNSHIP ENROLLMENT FORM FOR CRJU493**

Instructions: The student must complete and sign section 1. The agency/organization must complete and sign Section 2 AFTER the student has cleared background (if required). This form is due December 15 for spring enrollees, May 1 for summer enrollees, and August 1 for fall enrollees.

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| 1. STUDENT INFORMATION (To be completed by the student) | |
| In which semester do you plan to enroll in 493? Fall___ Spring___ Summer___ Year: _____ | |
| Name: | CSULB ID #: |
| CSULB Email: | Phone #: |
| By signing this form, the student will: have completed seven of the ten 300-level CRJU courses by the time they enroll in CRJU493, send Dr. Vogel a screenshot when they submit this form, and complete 130 hours at their internship site. Student Signature: | |

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| 2. THE AGENCY/ORGANIZATION INFO. (To be completed by an agency representative) | |
| Agency Name: | |
| Agency Address: | |
| Background Investigation: | Will this student have to undergo a background investigation? Yes___ No___ If yes, on what date did the student clear the background? _____* <small>*Please do not complete this form until AFTER the student has cleared their background.</small> |
| Please provide the contact information of at least ONE person from your agency responsible for processing or supervising interns. This may include an internship/volunteer coordinator, an intern supervisor, etc. | |
| Name: | |
| Title: | |
| Email: | Phone: |
| Please provide a general description of the duties/activities in which the student will engage. | |
| Please detail the protocols or processes your agency employs to ensure intern safety. For example, what precautions are taken when interacting with high-risk populations or when entering high-risk situations? | |
| Agency Representative Signature: | |
| By signing this form, the agency agrees to offer the student intern 130 hours of work by the end of the semester. | |