

**STATE COUNSEL FOR OFFENDERS  
VOLUNTEER APPLICATION AND AFFIDAVIT**

**General Information:**

Name: \_\_\_\_\_

Law School: \_\_\_\_\_

Year: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**For-Credit Internships:**

Name of Advisor or Contact Person: \_\_\_\_\_

Adviser/Contact Person Telephone Number: \_\_\_\_\_

Total number of hours that must be completed for credit: \_\_\_\_\_

Hours per week that must be completed for credit: \_\_\_\_\_

Placement Deadline: \_\_\_\_\_

**Proposed Work Schedule:**

Number of weeks available to work: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Days and Hours Available to Work:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**EXPERIENCE AND INVOLVEMENT**

List and explain any prior experience you have that would be applicable to interning with SCFO. Attach additional sheets if necessary.

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Describe your motivation for applying for this internship.

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What you expect to gain from participating in this program?

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Where do you see your career in five years?

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Is there any aspect of this internship that you anticipate may be difficult or uncomfortable for you to deal with?

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Hypothetical question: If you were part of an interview team, and while speaking with the client, he became belligerent or argumentative, how would you handle the situation?

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Have you had contact with our office before? Please tell us of you have interviewed with us, spoken with us at your school or previously applied for an internship.

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If you could tell me anything about yourself, what would it be?

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If you could ask me anything about the internship, SCFO or myself, what would it be?

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**REFERENCES:**

	Name	Telephone Number	Relationship
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

**AFFIDAVIT**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AT THE SPACE PROVIDED.**

1. I understand that I am applying for an unpaid internship.
2. I hereby certify that the statements on this application, as well as those on any attachment(s) to this form, are to the best of my knowledge, correct, and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from State Counsel for Offenders.
3. I understand that while my internship is with State Counsel for Offenders, I must submit to a criminal background check conducted by TDCJ in order to visit any of their prison units. I further understand that any unfavorable information contained in the background check will be taken into consideration by State Counsel for Offenders in determining whether I am selected for this internship position.
4. I hereby acknowledge that through this internship, I will have access to confidential client information. I hereby certify that I shall not disclose this information to anyone outside of State Counsel for Offenders, as the information is protected by attorney-client privilege, confidentiality and is part of attorney work product. I also understand that my failure to comply with the provisions of this Application and Affidavit may result in my dismissal, should I be selected for this internship position.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

