

Internship Application Riverside County District Attorney's Office

INSTRUCTI Please ty	ONS: ALL APPLI pe or print clearly and	CATTUNS AKE l answer each questi	on completely. Pleas	en 5'''' 2024. Se attach your most recent resume v	vith this application.	
1. Last Name:			2. First Name:			
3. Gender Male Female			Home Phone:			
			Cell Phone:			
4. Permanent address:			Email:			
5. Education (U	niversity/College N	Name & Location	n):	: Current GPA:		
Attended from:	Attended to		gree	Major Subject of Study		
(mm/yy)	(mm/yy)	Ob	tained/Expected			
6. Volunteer Wo	ork/Clubs/Organiz	ations:				
7. Career plans:						
0.77.11	1 4	1	• 4 1 1 4	16		
8. Tell us someti	ning non-education	nai, non-career o	orientea about yo	ourseii:		
9. What persona	al characteristics o	f yours would be	e an asset to this	internship?		



10. What is your purpose for joining this internship?								
	ber bese rer learnes							
11 Internation Ar		indication of your data	and times of evoilabili	4. for an internation				
11. Internsiip Av	'allability: Flease give	e an indication of your date	s and times of availabili	ty for an internship.				
3 6 1	T	XX 11	TTI1	r · 1				
		Wednesday	Thursday	Friday				
*Program days are Tuesday & Thursday 8am-5pm								
12. How did you hear about this internship?								
12 Harra way ann	1:- 1 for this intomah	: mwazi angly 2 I	°					
13. Have you app	ned for this internsi	nip program previously? If	so, wnat year:					
14 . Have you eve	er been arrested, indi	icted or summoned into (Court as a defendant in	n a criminal proceeding, or				
•		iolation of any law (excludi						
• • • • • • • • • • • • • • • • • • • •	or imprisoned as	101411-011 01 411.j -11 (21		ons). 100 0 1.00				
If yes, please give	full details in an attac	hed statement.						
15. Contact perso	on in case of emergen	icy:						
Name a.								
Name: Address		NC.	lation to you:					
Audiess								
Telephone:	(Daytime)	(Ev	ening)					
E-mail address:								
16 D.f								
16. References:								
Please list at le		elated to you, who are famil						
		elated to you, who are famil Address						
Please list at le								
Please list at le								
Please list at le								
Please list at le								
Please list at le Full name and	title	Address	Business o					
Please list at le Full name and	title	Address	Business o	r occupation				
Please list at le Full name and 17. I CERTIFY th	title	Address	Business o	r occupation				
Please list at le Full name and 17. I CERTIFY th	at the foregoing states	Address	Business o	r occupation				

^{*} Please attach or include your most recent resume with this application.
E-mail your application and resume to: CollegeAcademy@rivcoda.org
For questions, call or email:
(951) 955-5400/ CollegeAcedemy@rivcoda.org