

INTERNSHIP REQUEST FORM

(The information given on this form will be made available to students. Please review and complete as necessary.)

Directions:

1. Click "File", "Save As" and save this file to your computer as "your dept/division name"
2. Click the gray areas in which you need to type and enter text.
3. Save the complete file.
4. Attach the completed file to an email and send to: CWagner@co.broome.ny.us

(Section 1) Requesting Department Information	
Department/Division	Sheriff
Mission Statement	
Contact Person Information	Name: Sheriff David Harder Title: Sheriff Email: dharder@co.broome.ny.us
	Phone: 607-778-2492 Fax: 607-778-2100
	Address: 155 Lt. VanWinkle Dr. Binghamton, NY
Send Applications Via	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Mail
Date Form Completed	4/4/08

(Section 2) Internship Information	
Position Name	Internship
Job/Project Description	working in numerous capacities
Experience/Skills Desired	bookkeeping skills a plus
Additional Notes	
Time Preference	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> No Preference

(Section 3) Compensation	
*Interns must be paid according to the current year's pay schedule and according to classification	
Compensation*	Unpaid
School Credit	<input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit <input checked="" type="checkbox"/> No Preference

(Section 4) Internship Availability – Check All That Apply	
Type of Intern Desired	<input type="checkbox"/> HS <input checked="" type="checkbox"/> College <input type="checkbox"/> Grad <input type="checkbox"/> Law
# Of Positions Available	1
Time Period	Spring