



ADULT PROBATION AND PAROLE DEPARTMENT

Court of Common Pleas of Bucks County
SEVENTH JUDICIAL DISTRICT OF PENNSYLVANIA

CHRISTINE A. SHENK, *CHIEF*
MICHAEL J. HARRISON, *DEPUTY CHIEF*
DAVID B. MILLER, *DEPUTY CHIEF*

WALLACE H. BATEMAN JR.
PRESIDENT JUDGE

Bucks County Adult Probation and Parole

Internship Applications

In order to help structure a meaningful placement experience, all students requesting an internship with the Department must complete all sections below. When completed send the information to BCAPPD by pressing the submit button following this form. **Please note: You will be required to separately send in certain documentation.**

The form below is BEST in IE, but can be used crossed platforms. At the completion, you may fax, email or mail to the address specified or submit via email using the submit button. **Note: If your email does not give you a confirmation that it has sent after submitting, please use one of the above ways instead to ensure delivery.**

Name: _____

Email Address: _____

Home Address 1: _____

Home Address 2: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Campus Address 1: _____

Campus Address 2: _____

Campus City: _____

Campus State: _____

Campus Zip: _____

Campus Phone: _____

Best Place and Time to Contact You: _____

Date of Birth: _____

Society Security #: _____

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Educational Background

Major: _____

Date of Graduation: _____

Grade Point Average: _____

Major GPA – Cumulative: _____

Standing at time of Projected Placement: Sophomore Junior Senior
 Graduate 1st Year Graduate 2nd Year Graduate 3rd Year

Other Qualifications

Please specify other qualifications, including relevant vocational, educational or volunteer experiences:

Please forward a copy of your current medical insurance card/certificate, driver's license and grade transcript to:

Student Intern Coordinator
Bucks County Adult Probation and Parole Department
261 California Rd, Suite 3
Quakertown, PA 18951
Fax: 215-529-7087 email: dewalker@buckscounty.org

Sponsoring Educational Institution Data

Institution Name: _____

Department: _____

Institution Address 1: _____

Institution Address 2: _____

City: _____ State: _____ Zip: _____

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A recommendation from a supervising professor is required

Supervising Professor's Name: _____

Mailing Address 1: _____

Mailing Address 2: _____

City: _____ State: _____ Zip: _____

Placement Data

Indicate Desired Starting Date: _____

Indicate Desired Completion Date: _____

How many hours will you be in: _____

Submit

Attention: Please Note: Depending on your browser (ex. Chrome), you may need to click the "Open in Acrobat" on the top right. If that is not an option, and it does not allow you to submit, download the form to your computer. This form works with your email, and should open your email or email browser to send when you click submit. If it does not, or your email does not have that capability, ***please print, scan and email*** to ensure delivery. Email to dewalker@buckscounty.org. Submit button works best in Internet Explorer. Thank you

Administrative Office

30 E. Court Street, 2nd Floor
Doylestown, PA 18901
215-348-6634 (Phone)
215-348-6691 (Fax)

Central Bucks Unit

30 E. Court Street, 2nd Floor
Doylestown, PA 18901
215-348-6697 (Phone)
215-348-6253 (Fax)

Intake Unit

Bucks County Justice Center
100 North Main Street, 1st Floor
Doylestown, PA 18901
215-348-6640 (Phone)
215-348-6691 (Fax)

Lower Bucks Units

7203 New Falls Road
Levittown, PA. 19055
215-444-2600 (Phone)
215-444-2602 (Fax)

Upper Bucks Unit

261 California Road, Suite 3
Government Services Center
Quakertown PA, 18951
215-529-7081 (Phone)
215-529-7138 (Fax)