



DAUPHIN COUNTY CORONER'S OFFICE & FORENSIC CENTER

1271 S. 28th Street, Harrisburg, PA, 17111

Phone: (717) 564-4567 Fax: (717)558-1135

**Graham Hetrick, FD, B.C.F.E
Coroner**

INTERNSHIP APPLICATION

Date of Application: ____/____/____

Full Name: _____

Age: _____ Date of Birth: ____/____/____ Sex: _____

Home Address: _____

City, State, and Zip: _____

Cell Phone: (____) _____ - _____ Email Address: _____

Driver's License # and State: _____ (Attach Copy) Medical Insurance: _____ (Attach Copy)

Do you have any medical or physical conditions that would limit your ability to perform the duties of an intern? NO YES

If Yes, please explain: _____

College or University: _____

Advisor Name: _____ Phone Number: (____) _____ - _____

Advisor Email Address: _____

Address: _____

Current year of study: _____ Anticipated Graduation Date: _____

Major: _____ Total Credits received for this internship: _____

Is this internship a requirement for your major? _____ Minimum hours required by school: _____

List any additional requirements required by school or university: _____

How do you feel you will benefit from this internship? Complete and attach a maximum 500 word typed response.

Internship Term: _____ Term #1 (January – April) Due By: Nov. 15th _____ Term #2 (May – August) Due By: Feb. 15th _____ Term #3 (September – December) Due By: June 15th

Explain your intended career goal: _____

AVAILABILITY AND REQUIREMENTS:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

List dates for scheduled vacation/absences on the line below

Have you ever been convicted of a Misdemeanor or Felony? YES NO

If yes, list charge(s), date(s), and location(s): _____

Note: A conviction will not immediately disqualify an applicant

Emergency Contact and Phone Number:

Name: _____ Relationship: _____ Home: (____) _____ - _____ Cell: (____) _____ - _____

References:

One letter of Recommendation from your Undergraduate or Graduate Faculty Professor mailed directly with the completed packet.

Three (3) personal references that are not related to the applicant.

Name: _____ Phone No.: _____ How Known: _____

Address: _____ Profession: _____

Name: _____ Phone No.: _____ How Known: _____

Address: _____ Profession: _____

Name: _____ Phone No.: _____ How Known: _____

Address: _____ Profession: _____

*****PLEASE NOTE THE FOLLOWING IMPORANT INFORMATION*****

Priority will be given to applications in their Junior and Senior year of school at the time of application.

All applications must be postmarked by the due date for the appropriate term.

All Unofficial Transcripts, CV or Resume submitted without an application will not be considered.

The office of the Coroner retains the right to terminate the Internship/Intern at any time.

Signature of Applicant

- Items included: CV or Resume
- References
- Unofficial Transcript
- Letter of Recommendation
- Essay

All completed documents will not be returned.

Mail Completed application packet to:

Dauphin County Coroner's Office & Forensic Center
1271 S. 28th Street, Harrisburg, PA, 17111

Or

Submit application electronically via email to:

asimpson@dauphincounty.gov