



Boulder District Attorney, 20th Judicial District

Internship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____ Apartment/Unit # _____
Street Address
City State ZIP Code

Phone: _____ Email _____

Date Available: _____

Education

High School: _____ Address (City and State): _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address (City and State): _____

From: _____ To: _____ Did you graduate? YES NO Degree or Field of Study if Currently Enrolled: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Please complete the following:

How did you learn about internship opportunities at the Boulder DA's Office?

Describe how an internship at the Boulder DA's Office fits in with your educational, career or other life goals:

What areas of work within the Boulder DA's Office most interest you and why?

What is your time commitment and availability for an internship?

Please return this application to Shannon Carbone at scarbone@bouldercounty.org.