

Middle District of Louisiana Intern Program

VOLUNTEER UNITED STATES DISTRICT COURT  
DEPUTY CLERK  
(Non-paid Internship)

INTERNSHIP APPLICATION REQUIREMENTS

1. **EDUCATIONAL QUALIFICATIONS:** The applicant must be in the senior year of under-graduate work, or in a post-graduate program, following an educational course of work in the areas of, but not limited to:
  - Criminal Justice
  - Law
  - Social Sciences
  - Humanities
  - Public Administration

2. **APPLICATION FORMAT:** We presently have one office in the Middle District of Louisiana, located in Baton Rouge. The applicant is to submit a resume, along with a copy of current school transcripts, and a letter of recommendation from their school faculty advisor. The applicant selected for possible placement will be interviewed.

All applications are to be mailed to Nick J. Lorio, Clerk, United States District Court, Middle District of Louisiana, 777 Florida Street, Suite 139, Baton Rouge, Louisiana, 70801.

3. **EXPECTATIONS:** The intern will be in direct contact with all phases of the Federal Judicial System, including Judicial Officers and the Bar, and are considered a direct reflection of the United States District Court for the Middle District of Louisiana. Consequently, the highest standard of comportment and appearance are mandatory.

All applicants seeking an internship with the United States District Court, Middle District of Louisiana must have a valid Louisiana Drivers License with proof of insurance. The applicant must be a United States Citizen free of any prior criminal history. A criminal background search will be conducted prior to any confirmation.

Work hours will be established in accordance with office need and individual school requirements. A four (4)-hour-block of time per day will be expected with a minimum of two (2) days or eight (8) hours per week. Normal office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

The intern will be expected to complete various facets of a Deputy Clerk's function, including Jury Management, Financial Administration and Courtroom

Training. The level of participation will depend on job performance and maturity.

Applicants found to excel in the program may be offered an additional term-placement if all parties involved are in agreement. Failure to perform to standard in any of the above-noted areas could be considered grounds for dismissal from the program at any time.

4. **PERFORMANCE EVALUATIONS:** The United States District Court for the Middle District of Louisiana will be happy to use the evaluation form requested by the school being attended by the selected applicant. The evaluation will be completed by the Deputy Clerk assigned to work with the intern during their period of participation and reviewed by the intern coordinator. The period of time will coincide with the school semester or quarter schedule.

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INTERNSHIP PROGRAM APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Current Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_

Address: \_\_\_\_\_

NAME OF PROGRAM COORDINATOR: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

MAJOR FIELD OF STUDY: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

GPA in MAJOR: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Preferred Work Schedule: (List three)

Employment Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AVAILABILITY DATE: \_\_\_\_\_

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PERSONAL HISTORY AND BACKGROUND INFORMATION

If any of the topic areas do not provide sufficient space, please attach a separate page.

**APPLICANT'S NAME:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Student Identification No.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Name of Spouse, Significant other or Roommate(s):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**PARENT'S NAMES and ADDRESS(ES):**

● FATHER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (home): \_\_\_\_\_ Work: \_\_\_\_\_

● MOTHER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (home): \_\_\_\_\_ Work: \_\_\_\_\_

**APPLICANT'S CURRENT EMPLOYER:** (Business name, address and telephone number)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is your supervisor aware of your internship? YES \_\_\_\_ NO \_\_\_\_ (if not, please explain)

Current Work schedule (day and time):

Employment history (include dates)

**EDUCATION:**

High schools attended (names, addresses, dates of attendance, honors and diplomas):

Universities or colleges attended (names, addresses, dates of attendance, honors and diplomas):

**HEALTH:**

Are there any major surgical operations or physical problems you may have or have experienced?  
If so, please explain:

Are there any health or physical problems that would keep you from performing any of the responsibilities of the internship program? If so, please explain.

Have you used any of the following controlled substances: marijuana, methamphetamine, cocaine or heroin, in the last 90 days? If so, please explain.

**PRIOR ARREST HISTORY:**

Have you ever been arrested? If so, please explain (include location, date, charge and disposition).

Have you ever been convicted of a drug or alcohol-related felony? If so, please explain.

**HOBBIES:**

**EMERGENCY CONTACT PERSON AND TELEPHONE NUMBER:**

**WAIVER OF LIABILITY**

I, \_\_\_\_\_, hereby release the United States District Court for the Middle District of Louisiana, its authorized representatives or employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, while participating in, or that may occur as a result of, participating in the Student Internship Program.

Signed:

Witness:

\_\_\_\_\_  
Student Intern

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I authorize the United States District Court for the Middle District of Louisiana to conduct a confidential background investigation of me for the purpose of a period of service as an intern in the United States District Court for the Middle District of Louisiana and to assure there is no prior criminal history of arrests or convictions of any type. The background investigation will be limited to a search through the U.S. Probation & Pretrial Services, Department of Justice and/or the U.S. Marshals Service to determine my suitability for an internship.

This background search may include medical records, both physical in nature and of psychological/psychiatric nature, including records of alcohol and/or drug and/or narcotic treatment.

I am aware that any prior criminal history or background information obtained during the background search, considered to be undesirable by this agency, is grounds for termination of any consideration for the position of intern in the United States District Court for the Middle District of Louisiana.

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Applicant's Signature

Date

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**CRIMINAL RECORD SEARCH**

Requested by: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last name First Middle

DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

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**ACKNOWLEDGMENT OF GRATUITOUS SERVICES AND WAIVER**

I, \_\_\_\_\_, hereby declare that my services to be performed from \_\_\_\_\_ to \_\_\_\_\_, in the capacity of a Deputy Clerk for the United States District Court for the Middle District of Louisiana, are to be rendered solely as a volunteer. I hereby waive any claim or right to receive salary or other compensation in consideration of the performance of duties assigned by the Clerk of Court, Nick J. Lorio.

I acknowledge that I am not entitled to receive Federal Employees' Retirement System credit, Civil Service retirement credit, or other related personnel benefits as a consequence of this voluntary internship, except that in the event of any personal injury incurred by me, I shall have those rights to compensation, if any, which may be provided by statute to persons rendering voluntary services to the United States.

I further recognize that, as a student intern of the United States Government, I retain no personal copyright privileges in any work product prepared by me in the course of this internship.

Finally, I recognize that any information which I obtain or to which I shall have access in the course of my internship, is of a confidential nature, and I agree to preserve the confidentiality of such information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to the authority vested in the Director of the Administrative Office of the United States Courts by 28 U.S.C. Section 604 (a)(17), and by delegation of this authority from the Director, I hereby accept and authorize the utilization of the gratuitous services described above.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Nick J. Lorio, Clerk  
United States District Court  
Middle District of Louisiana

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**AGREEMENT TO MAINTAIN CONFIDENTIALITY**

I, \_\_\_\_\_, having been duly appointed as a student intern from (college/university) \_\_\_\_\_, and being fully aware that during my internship, I may have access to confidential information, and that during my tenure as an intern, I may come into contact with individuals who may possess or have access to information; do hereby agree not to disclose any such information not only during my internship, but subsequent to my termination from the internship program.

I further understand that failure to maintain confidentiality of such information may be a violation of federal law and subject to prosecution.

Signed:

Witness:

\_\_\_\_\_  
Name of Student Intern

\_\_\_\_\_  
Name/Title

Date: \_\_\_\_\_

Date: \_\_\_\_\_