



CATTARAUGUS COUNTY DEPARTMENT OF PROBATION  
AND CORRECTIONAL ALTERNATIVES

Michael R. Sharbaugh, Director  
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Suite 3140  
Olean, New York 14760-1157

Telephone: 716-373-8047  
Fax: 716-701-3725  
Web: [www.cattco.org/probation](http://www.cattco.org/probation)

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INTERNSHIP APPLICATION

Name: \_\_\_\_\_ Aliases: \_\_\_\_\_

Address (@ school **AND** at home if different):

\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

In Case of Emergency (Name/ Address/ Phone #):

\_\_\_\_\_  
\_\_\_\_\_

Is this Internship required: \_\_\_\_ Yes \_\_\_\_ No

Education Institution: \_\_\_\_\_

Circle one: Junior Senior

Required Hours to be completed: \_\_\_\_\_

When are you requesting that the internship take place (dates, semester): \_\_\_\_\_

Internship Advisor/ Professor (Name, Phone, Email, Fax #):

\_\_\_\_\_

Please list any requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Do you have any family members or other associations that are or have been under probation supervision with this Department?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list their name(s) and their relationship to you:

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Have you ever had any legal involvement (have you been arrested, adjudicated or convicted of a crime)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list your previous involvement (crime, dates, court, disposition):

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Do you currently have any pending matters in any Court at this time?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list your current involvement (crime, court, next court date, current status):

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**Please return this application via mail, in person or email to:**

[mrsharbaugh@cattco.org](mailto:mrsharbaugh@cattco.org)

**Cattaraugus County Probation Department**

**1 Leo Moss Drive**

**Olean, NY 14760**

**Attn: Michael R. Sharbaugh, Director**