

## Program Application/Agreement

**Program** (*check one*)      ☐ Co-Mediation Program      ☐ Internship Program

### Personal:

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

Profession \_\_\_\_\_ Employer/Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

### Education:

Current \_\_\_\_\_  
School \_\_\_\_\_ Major \_\_\_\_\_ Status \_\_\_\_\_

Undergraduate \_\_\_\_\_  
School \_\_\_\_\_ Major \_\_\_\_\_ Graduation Date \_\_\_\_\_

Graduate/Professional \_\_\_\_\_  
School \_\_\_\_\_ Major \_\_\_\_\_ Graduation Date \_\_\_\_\_

### Mediation Training:

Core \_\_\_\_\_  
Source \_\_\_\_\_ # of Hours \_\_\_\_\_ Completion Date \_\_\_\_\_

Domestic \_\_\_\_\_  
Source \_\_\_\_\_ # of Hours \_\_\_\_\_ Completion Date \_\_\_\_\_

Other \_\_\_\_\_  
Source \_\_\_\_\_ # of Hours \_\_\_\_\_ Completion Date \_\_\_\_\_

### Agreement:

I agree to enter into the specified clinical training program, under the requirements and conditions of the program, as described in the program contract.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

The above named applicant is accepted into the specified clinical training program under the requirements and conditions outlined in this contract.

Director \_\_\_\_\_ Date \_\_\_\_\_



JOHNSON COUNTY COURT SERVICES  
STATE OF KANSAS  
TENTH JUDICIAL DISTRICT  
OLATHE, KS 66061

RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby give permission to Johnson County Court Services to obtain any information pertinent to securing internship within the Criminal Justice System. Including any information which may be contained in the files of the National Crime Information Center and/or the Kansas Bureau of Investigation.

I understand that all such information so released to Johnson County Court Services will be for their exclusive and confidential use.

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

Name: \_\_\_\_\_  
Last First MI

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

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

Any other name(s) (married/maiden) and any other states you have lived in:

\_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

REQUESTED BY:

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

APPROVED:

\_\_\_\_\_  
Laura Brewer