

JUDGE
MARIAN ELAINE JACKSON
Justice of the Peace, Precinct 3
Waller County, Texas



**Application for Waller County Justice of the Peace, Precinct Three
Internship Program**

1. Name of Applicant _____

2. Date of Birth ____ / ____ / ____ 3. SSN ____ - ____ - ____

4. Address: _____
▪ Mailing Address (if different): _____

5. Phone: _____ Cell Home

6. Email: _____@_____._____

7. Present University or Institutional affiliation _____

8. Area of study _____

9. Degree expected: _____ Bachelors _____ Masters _____ Doctorate _____ Other

10. Date degree will be granted (Month/Year) _____

11. Briefly explain your reasons for applying to the Waller County Justice of the Peace, Precinct Three Internship Program. Please include specific objectives and expected benefits of the internship

12. Briefly express your plans past Graduation?

13. What is one thing that you would like us to know about you?

14. Do you have your own transportation? (Check one) Yes. No.

15. How did you hear about this internship? (Check all that apply)

Advisor Student Previous Intern Online Career Services Other

Specify: _____

16. Requested dates for Internship; From: _____ To: _____

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Statement of understanding of the conditions of the Internship

I understand that, should I be accepted as an intern in WCJP3, the following conditions will apply:

a) Status: Although not considered a JP3 staff member, I shall be subject to the authority of the Administrator and the authority delegated to her or him by Judge Marian Jackson. I understand that I am not entitled to the privileges and/or immunities of its officials and staff members.

b) Financial Support: I shall not be paid directly by the Office of the Waller County Justice of the Peace, Precinct Three and must make my own arrangements to earn wages for work performed throughout the duration of this internship. Travel costs to and from the duty station and living accommodation are also my own responsibility or those of the sponsoring institution.

c) Medical Health Coverage: The Waller County Justice of the Peace, Precinct Three accepts no responsibility for costs or fatality arising from illness or accidents incurred during the internship; therefore, I must carry adequate and regular medical and life insurance. I will be covered by the following health and life insurance during the internship period:

Medical: _____

d) Confidentiality and Publication of Information: As an intern, I will respect the confidentiality of information that I collect or am exposed to at the Waller County Justice of the Peace, Precinct Three. No reports or papers may be published based on information obtained from the Waller County Justice of the Peace, Precinct Three without the explicit written authorization from The State of Texas.

e) Employment Prospects: The Waller County Justice of the Peace, Precinct Three Internship Program is not connected with employment and there is no expectancy of such.

Applicant Signature: _____ Date: _____