



Office of the Coroner
1047 MacArthur Road, Suite 200
Reading, PA 19605
610 – 478 – 3280
Fax: 610 – 478 – 3289
[Intern Administrator](#)

Internship Application Form

Coroner's Office Internship Program

| APPLICANT INFORMATION | |
|------------------------------|--|
| Full Name | |
| Date of Birth | |
| Phone Number | |
| Email Address | |
| Current Address | |

| EDUCATIONAL INFORMATION | |
|--------------------------------|--|
| College/University | |
| Major/Field of Study | |
| Current GPA | |
| Expected Graduation Date | |
| Faculty Advisor Name | |
| Advisor's Contact Information | |

| INTERNSHIP DETAILS | |
|-------------------------------------|--------------------------|
| Semester Applying for (Check One) | Fall Spring Summer |
| Total Available Hours Per Week | |
| Are you applying for course credit? | Yes No |

| EMERGENCY CONTACT INFORMATION | |
|--------------------------------------|--|
| Name | |
| Relationship | |
| Phone Number | |
| Email Address | |



Office of the Coroner
 1047 MacArthur Road, Suite 200
 Reading, PA 19605
 610 – 478 – 3280
 Fax: 610 – 478 – 3289
 Intern Administrator

| BACKGROUND INFORMATION | |
|---|-----------|
| Have you ever been convicted of a felony? <i>(If yes, please provide details on a separate sheet.)</i> | Yes No |
| Do you have any medical conditions or limitations that may affect your ability to perform internship duties? <i>(If yes, please explain.)</i> | Yes No |

| REQUIRED DOCUMENTS | |
|--|---|
| Please attach the following documents to your application: | <ul style="list-style-type: none"> ✓ Resume ✓ Cover Letter explaining your interest in the Coroner’s office internship ✓ Letter of Recommendation from a professor or professional reference |

APPLICANT SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false statements or omissions may disqualify me from consideration or result in dismissal from the internship program.

Signature

Date

FOR OFFICE USE ONLY

| | |
|-------------------------|-----------|
| Application Received On | |
| Reviewed By | |
| Interview Date | |
| Decision | Yes No |
| Notes | |

Thank you for your interest in the Coroner’s Office Internship Program!