

# Guilford County Public Defender

## EXTERNSHIP/INTERNSHIP APPLICATION

**Please submit this Externship/Internship Application Form with your resume and cover letter or written statement**

I am a:

Law Student (School and Anticipated Date of Graduation): \_\_\_\_\_

College Student (School and Anticipated Date of Graduation): \_\_\_\_\_

HS Student (School and Anticipated Date of Graduation): \_\_\_\_\_

Please check one:  Intern (volunteer)  Extern (for school credit)

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

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

Telephone 1: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Telephone 2: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail address: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer (if applicable): \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Does your employer have a volunteer program?  Yes  No  Not sure

Do you consent to having your supervising attorney with the Guilford County Public Defender speak to professionals outside the Guilford County Public Defender's office, such as your employer, university officials or representatives of the State Bar, about your intern/extern experience?  Yes  No

**Emergency Contact (required):** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

How did you hear about this externship/internship opportunity?

Referral  Community Event  Website (Please specify: \_\_\_\_\_)  Other \_\_\_\_\_

Have you ever worked/volunteered with the Guilford County Public Defender before?  Yes  No

If yes, when? \_\_\_\_\_ Supervising attorney: \_\_\_\_\_

**CONFLICTS:** Do you have any business, family or personal obligations (not including time availability) that could conflict with your working with the Guilford County Public Defender?  Yes  No

Are you or, to the best of your knowledge, is any immediate family member currently a client of the Guilford County Public Defender?  Yes  No

Have you, or, to the best of your knowledge, has any immediate family member been a client of the Guilford County Public Defender during the past five years?  Yes  No

Have you, or, to the best of your knowledge, has any immediate family member been a victim of a crime in the past five years in Guilford County where a police report has been filed?  Yes  No

*If you answered yes to any of the above, please explain on a separate sheet of paper.*

**REQUIRED SERVICE:** Are you applying for an externship/internship to fulfill a requirement of any program? This includes programs for an educational degree.  Yes  No

**Please return this Externship/Internship Application Form with your resume and written statement to:**

Gabriel Kussin, Assistant Public Defender

Gabriel.A.Kussin@nccourts.org

**You may also submit your application by mail to:**

Guilford County Public Defender

P.O. Box 2368

Greensboro, NC 27402

*If you answered yes to the "required service" question, please provide a written statement from the program detailing all requirements for both you and for the Guilford County Public Defender. We must have this statement before we can process your application.*

**FELONY/MISDEMEANOR CONVICTIONS:** Have you ever been convicted of a felony or misdemeanor? (You do not have to report arrests or convictions which were annulled, sealed or expunged).  
 Yes  No

If you answered yes, please explain on a separate sheet of paper, listing the date and charge(s).

**AVAILABILITY:** (If possible, please state specific times and days you would like to complete your externship/internship)

How many hours are you available? \_\_\_\_\_ (Circle one: per week, per month, per year)

I can begin my externship/internship for approximately \_\_\_\_\_ weeks beginning \_\_\_\_\_ / \_\_\_\_\_.  
(Month) (Day)

<i>Day</i>	<i>Hours Available (if known)</i>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**WRITTEN STATEMENT:** Please attach your resume and a separate written statement or cover letter that explains what you hope to accomplish, gain or learn from your experience with Guilford County Public Defender, or what you hope to contribute to Guilford County Public Defender. Please limit your statement to one page, 12 pt. font, single spaced. Thank you.

*I certify that all statements made on this application and on my resume are true to the best of my knowledge.*

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Date

**Internal:**

**Received by Guilford County Public Defender Staff:** \_\_\_\_\_

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

\_\_\_\_\_  
Gabriel Kussin  
Assistant Public Defender

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# Guilford County Public Defender

## EXTERN/INTERN CODE OF CONDUCT AND CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, as a/n (circle one: extern / intern) of the Guilford County Public Defender, agree to the following conditions:

### **I. EXTERN/INTERN CONDUCT**

1. While working as an extern/intern, I am required to refrain from using any substance, alcohol or drugs which impairs my ability to act in the best interests of the Guilford County Public Defender and/or its employees, clients and guests. Violation of this condition is reason for dismissal.
2. While working as an extern/intern, I understand that I am required to conduct myself in a professional manner at all times. This includes dressing in appropriate business attire, speaking in a professional manner and generally treating everyone with respect.
3. While working as an extern/intern, I will commit myself to serving my clients without prejudice, to honesty, respect, diligence, candor and punctuality in all my interactions and to civility and professionalism every day.
4. I understand that the Guilford County Public Defender does not practice, condone, facilitate or collaborate with any form of discrimination on the basis of race, color, sex, religion, mental or physical handicap, marital status, sexual orientation or personal characteristics and circumstances. I agree to refrain from all forms of discrimination.
5. I agree not to act as a spokesperson for the Guilford County Public Defender, or to speak to the media on behalf of the Guilford County Public Defender unless authorized, for a specific purpose, in writing, by an authorized staff member of the Guilford County Public Defender.
6. I agree to bring any problem with a client, which is beyond the scope of my extern/intern expectation or ability, to the attention of David E. Clark, the extern/intern coordinator, or to my supervising attorney.
7. I agree to abide by any policies and procedures established by the Guilford County Public Defender which may be more specific in nature to my extern/intern responsibilities, or approved after the signing of these initial policies.
8. I understand that any access code, password, etc. assigned by the Guilford County Public Defender will be kept confidential and may not be used after my internship expires.

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9. I understand that my Public Defender extern/intern badge will be returned to my supervising attorney at the end of my extern/intern program.

**II. CONFIDENTIALITY: As an intern/extern for the Guilford County Public Defender you may have access to confidential information regarding clients, witnesses and co-workers. It is critical for interns/externs to maintain confidentiality at all times.**

1. I understand, in the course of my work for the Guilford County Public Defender, that I may learn certain highly personal and confidential facts about persons, clients, individuals and/or entities who/that are served by the Guilford County Public Defender. This information MUST remain confidential.
2. Confidential information regarding clients and co-workers includes, but is not limited to, written or computerized client records, notes of discussions with clients, attorney-client privileged information, medical records, case strategy, client and witness addresses, social security numbers, birth dates, personnel records, or verbal conversations concerning clients or co-workers where confidential information is discussed. I understand that all such information, including the identity of any persons, clients, individuals and/or entities, must be treated as completely confidential and will remain confidential even after I end my extern/intern service with the Guilford County Public Defender.
3. I agree not to disclose any information of a personal and confidential nature to any person not affiliated with the Guilford County Public Defender and not authorized by the Guilford County Public Defender to have such information, without: a) the specific consent of the individual to whom such information pertains; and b) prior knowledge and written approval of the Guilford County Public Defender or my supervising attorney.
4. I further agree that if I become aware of a breach of confidentiality by another Guilford County Public Defender extern or intern, I must immediately report such breaches to the extern/intern coordinator or my supervising attorney, along with the name of the extern/intern or volunteer and the client involved.
5. **Failure to comply with these terms of confidentiality will result in my release from extern/intern service with Guilford County Public Defender and possible legal action under the laws of the State of North Carolina.**

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**III. The Guilford County Public Defender agrees to:**

1. Provide supervision and adequate training and orientation for extern/intern in the Guilford County Public Defender's procedures, policies and organization.
2. Provide an extern/intern coordinator and individual supervising attorney to supervise activities, training, evaluation and respond to extern/intern issues and grievances.
3. Serve as a reference upon request.

I hereby acknowledge that I have read and understood the Extern/Intern Code of Conduct and Confidentiality Agreement outlined in this document. I further understand that my capacity as an extern/intern is without compensation and/or benefits. I understand the Guilford County Public Defender may change these extern/intern policies at any time and that I will be notified of such change.

BY: EXTERN/INTERN

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Extern/Intern Signature

\_\_\_\_\_  
Date

BY: Guilford County Public Defender

\_\_\_\_\_  
By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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