About the Internship:
The San Mateo County Coroner’s Office has an internship program for students and professionals who are interested in the field of forensic science and want to learn about and assist with daily operations at the Coroner’s Office. Interns will work with the Investigations Division and the Pathology Division for a complete medico-legal death investigation experience. Interns will learn the responsibilities and duties of each division and become familiar with the policies and procedures of the San Mateo County Coroner’s Office. Interns will be present during scene investigations and autopsy examinations.

Interns in the Investigative Division will be taught principles in scene investigation, evidence preservation and collection, witness interviews, photography, body identification, locating and notifying next of kin, and other investigative duties.

Interns will be required to work in the Pathology Division where autopsy examinations are performed to determine the cause of death. Interns will observe and participate in autopsies and interact with the Forensic Pathologists and Forensic Autopsy Technicians.

Candidates:
An ideal candidate will be an upper division student or a professional in a related field. The internship application must be accompanied by a letter of recommendation from a faculty member or supervisor, and college transcripts. Applicants must be 18-years of age or older at the time of application submission. Interns must be able to commit twelve to sixteen hours per week for a period of one year. Interns must have a professional appearance suitable for meeting with members of the public. The internship is unpaid.

Applications for 2024 Internship will be due by Friday, May 17, 2024, at 5:00 p.m.

Please mail in or drop off your completed application to the address below:

San Mateo County Coroner’s Office
Attention: Coroner’s Office Academic Internship
50 Tower Road, San Mateo, CA 94402

Be sure to include your college transcripts and letter of recommendation. Incomplete applications will not be considered. For more information, contact the San Mateo County Coroner’s Office at (650) 312-5272.
San Mateo County Coroner’s Office
Internship Application

Name: ______________________________________ Date of Birth: ________________

Social Security Number: _____-____-____   Driver’s License Number: ________________

Address: ______________________________________________________________________

Phone Number: ________________________ Cellular Phone: __________________________

Email Address: __________________________________________________________________

Emergency Contact: ____________________________________________________________

Relationship: ______________________ Phone Number: ________________

College/University: _____________________________________________________________

Units held this quarter/semester: ________________

Major: _______________________________ Graduation Date: ________________________

Faculty Member/Advisor: ____________________________ Phone Number: ______________

Current Employer: _____________________________________________________________

Title: ________________________________

Duties: ______________________________________________________________________

Hours worked / week: ________________

Supervisor: _________________________________ Phone Number: ________________

Professional References:

Name: ____________________________ Relation: __________ Phone Number: ______________

Name: ____________________________ Relation: __________ Phone Number: ______________
Questionnaire:

Are you able to commit 12-16 hours per week to the internship? Y ___ N ___

What is your availability starting July 2024?

Monday: _______________       Tuesday: _______________
Wednesday: _______________  Thursday: _______________
Friday: _______________       Saturday: _______________
Sunday: _______________

Will your availability change throughout the year? Y ___ N ___

Please Explain: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

When are you available to start the internship? ________________________________

What is your occupational goal? ____________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What do you hope to gain out of the internship? ______________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Additional pages can be attached if necessary)
Have you ever held another internship? Y ___ N ___  
If yes, where and for how long? __________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Have you previously applied to be an intern with the San Mateo County Coroner’s Office?  
Y ___ N ___  
If yes, when did you apply? ___________________ Did you have an interview? Y ___ N ___

Have you even been convicted of a misdemeanor or felony**? Y ___ N ___  
If yes, list charge(s), date(s) and location(s): ________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**If you are selected to move on in the interview and on-boarding process, you will be required to complete a more in-depth questionnaire as part of your background.

By signing below, I certify that the above information is true and correct.

Signature: ___________________________________________ Date: _____________

Required with this application is a letter of recommendation from a faculty member at your educational institution or a current supervisor at your place of employment. Transcripts from the educational institutions you have attended or are currently attending are also required.

For Office Use Only:

Received on: ______________ By: _______________________

Application Complete: Y ___ N ___

Interview Date / Time: __________________________