

Onondaga County Center for Forensic Science
Forensic Laboratories

Biology/DNA Internship Program

Spring Semester 2026



Responsibilities

The Intern will undertake a variety of responsibilities and tasks to support the Biology/DNA Section at the Onondaga County Center for Forensic Sciences. Their primary project will involve analyzing quantification data to assist with establishing laboratory thresholds. Additional responsibilities may also include but are not limited to clerical duties, becoming involved in serology and/or DNA validation studies, and assisting with quality assurance functions. The internship provides an opportunity to shadow forensic scientists conduct serology and DNA analysis, gain insight into the processes and workflow of a forensic DNA laboratory, and develop connections with practitioners in the forensic science field.

Qualifications

- Must be enrolled in a Master's program, preferably for Forensic Science
- Must have completed coursework in biology and related fields
- Preferred to have hands-on laboratory experience
- Preferred to have experience conducting data analysis and working in Microsoft Excel
- Strong communication and organizational skills
- Ability to work independently as well as in a team environment

General Information

The internship will take place in-person at the Onondaga County Center for Forensic Sciences in Syracuse, NY. A minimum of 100 hours is required within a six-month period of the start date and will be completed during normal laboratory hours (Monday – Friday 7am – 5:45pm). Exact dates and hours will be determined on an individual basis. At the conclusion of the internship, a summary of the project (s) and work completed will be presented to the Biology/DNA Section staff. The internship is unpaid with the intern receiving a "Certificate of Internship" and evaluation form following the completion of the program.

To apply: Email your application and transcripts to laurenpyland@ongov.net

Deadline to apply: December 5, 2025

Onondaga County Health Department

Center for Forensic Sciences

Forensic Laboratories

100 Elizabeth Blackwell Street • Syracuse • New York 13210



Internship Application

Todays Date:

Last Name **First Name** **MI** **Social Security #**

Mailing Address

Street

City

State

Zip Code

Home Address (if different)

Street

City

State

Zip Code

How may we contact you?

Cell Phone

Home Phone

Email Address

Fax Number

Are you actively enrolled in a college/university program?	Yes	No
Are you actively enrolled in a forensic science program?	Yes	No
Are you actively enrolled in a Natural Science program? *	Yes	No
Do you have an internship requirement for your program?	Yes	No
Are you seeking college credit for your internship?	Yes	No

**Other than forensic science (e.g. biology, chemistry, physics)*

Between what dates are you seeking to work?

Days Available to work

Begin

End

**Note: Typical workdays begin between
7 & 9am and end between 3 & 5pm**

Monday

Tuesday

Wednesday

Thursday

Friday

Preferred Discipline
(select all that apply)

Forensic Biology/DNA
Latent Prints
Controlled Substances
Firearms
Digital Evidence

**Tell us why you are
interested in a
forensic career (500
character limit)**

Education

College/University
College/University
College/University

Major/Minor
Major/Minor
Major/Minor

Relevant Coursework

References- list the names and phone numbers of three academic or professional references

Name	Relationship to you	Phone Number
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Intern Affirmation:

I certify that to the best of my knowledge, all the information I am providing the Onondaga County Health Department (OCHD) is true and complete. I understand that any misrepresentation, falsification, or willful omission may result in a refusal of volunteer service or dismissal from volunteer service. I hereby authorize the County to perform a background investigation, if it is deemed necessary by the County in its sole discretion. I declare that subject to the penalties of perjury, any statements made in the application and any attachments are the truth and to the best of my knowledge correct.

Signature: _____ **Date:** _____

*Please return your completed application to **Lauren Pyland** at laurenpyland@ongov.net

ONONDAGA COUNTY HEALTH DEPARTMENT
Background Check

Last Name

First Name

MI

Social Security Number

In the past 7 years, have you ever been convicted of a crime (misdemeanor or felony), other than a minor traffic violation? [A conviction includes a plea, verdict, or finding of guilt regardless of whether a sentence was imposed by the court.]

☐ Yes ☐ No

If Yes, enter charge(s):

|

Date of Conviction(s) Place of Conviction(s)

Sentence Imposed

Disclosure of a criminal record will not necessarily disqualify you from volunteering for the OCHD. However, failure to disclose such information may result in disqualification of your application or termination of your volunteer service.

Signature: _____

Date: _____

ONONDAGA COUNTY HEALTH DEPARTMENT
Authorization to Release Information

Last Name

First Name

MI

Social Security Number

I certify that to the best of my knowledge, all of the information I am providing the Onondaga County Health Department (OCHD) is true and complete. I understand that any misrepresentation, falsification, or willful omission may result in a refusal of volunteer service or dismissal from volunteer service.

I understand that a routine inquiry may be made during the processing of this information that will provide or confirm information concerning my character, general reputation, medical/physical condition, education, training, and qualifications. I hereby authorize all individuals, employers, agencies, firms, organizations, educational institutions, medical institutions, and law enforcement authorities to provide information to OCHD relative to the status of my character, general reputation, medical/physical condition, education, training, and qualifications, whether such information is of record or not. I release all individuals, employers, agencies, firms, organizations, educational institutions, medical institutions, and law enforcement authorities from any liabilities resulting from providing such information.

Signature: _____ Date: ____/____/____