



POLICE DEPARTMENT

Police Chief Scott Gray • Deputy Police Chief Robert Mask

Internship Application Form

Name: _____
(Last, First Middle)

Date of Birth: _____ Race: _____ Sex: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Driver's License: State: _____ Number: _____

Name of College/University: _____

School Address: _____

School Phone: _____

Major: _____ Minor (if applicable): _____

Classification: (circle one) Freshman Sophomore Junior Senior Graduate

Desired Internship Semester: Spring Summer Fall Year: _____

School Intern Advisor: _____ Telephone: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____



FAYETTEVILLE
NO LIMITS ON IMAGINATION



POLICE DEPARTMENT HEADQUARTERS
760 Jimmie Mayfield Blvd., Fayetteville, Georgia 30215
Telephone (770) 461-4441 | Facsimile (770) 460-4243
www.fayetteville-ga.gov



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Criminal History

Have you ever been charged with a Felony or Misdemeanor? Yes _____ No _____
If you answered yes to this question, please submit a detailed explanation of the incident. Include the offense for which you were charged, the law enforcement agency by which you were charged, the date of the offense and the disposition of the case. Failure to report any criminal involvement may result in the candidate's removal from the selection process.

Drug Use

Have you ever experimented or used any illegal drugs? Yes _____ No _____
This can include the use of prescription drugs that were not prescribed to you by a doctor. If you answered yes to this question, please submit a detailed explanation of what drug was used, the last time used and the circumstances surrounding your use of this drug.

I, _____, authorize the Fayetteville Police Department to conduct a background check to include, but not limited to, GCIC checks, NCIC checks, and Drivers License checks for the purposes of becoming an intern with the Fayetteville Police Department.

_____-_____-_____
(Social Security Number)

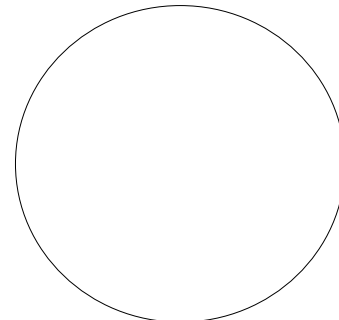
Intern Signature

_____/_____/_____
(Date of Birth)

SWORN TO AND SUBSCRIBED before me

This _____ day of _____ 20__

Notary Public
My commission expires _____



Seal of Notary



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Internship Waiver of Liability Form

I, _____, do hereby discharge and release the City of Fayetteville, its agents and employees from liability or claim which may arise because of personal injury or property damage which I may suffer or which may result from or have its origin in my riding in a City of Fayetteville Police Department vehicle or my accompanying any member of the City of Fayetteville Police Department as an intern from ____ / ____ / ____ through ____ / ____ / ____.

In addition, I, _____, am aware of the danger and risks incident to riding in a City of Fayetteville Police Department vehicle or accompanying any member of the City of Fayetteville Police Department as in intern. I am aware of the risks involved in the above activities and I hereby specifically assume said risks.

If I ride in a City of Fayetteville Police Department vehicle, or if I accompany a member of the City of Fayetteville Police Department on an official mission, I understand and agree to abide by the following:

I WILL NOT: assist any sworn law enforcement officer in the City of Fayetteville Police Department in the accomplishing of ANY tasks or in the performance of ANY duty which must be performed or accomplished by law enforcement officers.

I UNDERSTAND: that I am NOT in any way, sworn or authorized to act as a law enforcement officer. I also understand that I am in no way authorized to carry ANY type of weapon while participating in this internship.

I AM: fully aware that any violation of the City of Fayetteville Police Department’s Internship Policy, Departmental Directives, State or Federal Law, will result in immediate termination from the City of Fayetteville Police Department’s Internship Program, and possible internal and/or criminal investigation.

This _____ Day of _____, _____
(Date) (Month) (Year)

Intern: _____ (Print Full Name) _____ (Signature)

Witness: _____



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(Print Full Name)

(Signature)

Intern Application Checklist

A letter of interest describing why you have chosen the Fayetteville Police Department as a potential agency to intern with, areas of interest, and overall career goals.

A letter from your college or university stating how long your internship will be and what duties you are to fulfill while working with our department.

Resume

A copy of your unofficial transcript

A copy of your Birth Certificate

A copy of your Social Security Card

A copy of your Driver's License

A copy of your High School Diploma or GED



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Completed application packet



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