



# SPOTSYLVANIA COUNTY SHERIFF'S OFFICE APPLICATION FOR INTERNSHIP



## Applicant Information

Today's date:

Name:     
Last First Middle

Date of Birth:  SSN:  Operator's License:

Current Address:

City/State/Zip:

Current Phone:  Cell Phone:

E-mail:

Date through Which Current Address Is Valid:

Permanent Address:

City/State/Zip:  Phone:

## Current Academic Information

Academic Year in School:  Term:  GPA:

Major:

Term Applying For (Select One):      Fall      Spring      Summer

Were you referred to the Sheriff's Office?      Yes      No

If so, by whom?

Is internship required for college credit?      Yes      No

Total contact hours required for internship:



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### Current Institution Information

College/University:

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" Lëj qqrnCf f tguu<

'Ekv{ IUcvg\ RR<

### DISCLOSURE AGREEMENT

I certify that all of the above information has been answered to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination from the internship program. I further certify that I am enrolled in a four-year degree program at an accredited four-year university or college and have second-semester sophomore standing. I also certify that I currently have a 2.5 or higher GPA on a 4.0 scale and that I meet all requirements. I understand that I must be enrolled (through my university or college) in an internship or independent study class to be accepted as an intern with the Spotsylvania County Sheriff's Office.

I understand before being accepted into this program a criminal history check, personal history check, reference check and personal interview will be conducted.

Signature of Applicant:  Date:

'Signature of Faculty Advisor:  'F cvg<