

Spotsylvania Sheriff's Office Summer Internship

Spotsylvania County Sheriff's Office
PO Box 124
Spotsylvania, VA 22553
Telephone: 540.507.7165
Email: rpittman@spotsylvania.va.us



IMPORTANT

A SIGNIFICANT PART OF THIS PROCESS CONSISTS OF AN EVALUATION OF YOUR ABILITY TO FOLLOW DIRECTIONS SINCE THIS FACTOR IS DIRECTLY RELEVANT TO THE STUDENT INTERN POSITION FOR WHICH YOU ARE APPLYING. It is imperative that you answer all questions completely and accurately. Any omissions or incomplete information will directly impact the agency's consideration of your application. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 3.

Applicant, please note:

It will be necessary for you to furnish the following documents or copies at the time you submit your application:

- Birth Certificate or other proof of United States citizenship;
- High school diploma or GED certificate;
- Driver's License;
- Official, sealed transcript from the college or university;
- A letter of recommendation from the college/university internship program official; and
- A resume

I understand that all of the information contained herein is confidential. This document will be used to verify my personal history and assist in determining my suitability for a student internship. All information is subject to a thorough review by an investigator and verification. Student interns are subject to a polygraph interview. Any deliberately false, misleading, inaccurate, incomplete, or untruthful information shall be cause for denial of an internship with the Spotsylvania County Sheriff's Office or if subsequently granted an unpaid internship with this Office shall be cause for disciplinary action up to and including termination.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE.

Signature: _____ Date: _____

Spotsylvania County Sheriff's Office

STUDENT INTERN APPLICATION

Date: _____ Name: _____
(Last) (First) (Middle)

Home Address: _____

Number Street or Route City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Date of Birth: ____-____-____ Age: ____ SSN: ____-____-____

Operator's License Number: _____ State: _____

Are you currently employed? ____ Yes ____ No

If yes, please list your employer(s), address, supervisor's name, and phone number.

Have you ever been arrested or charged with any crime? ____ Yes ____ No

If yes, regardless of whether or not you were convicted please explain in detail. This also applies to when you were a juvenile and MUST include all issues that may have been subsequently expunged or sealed by a court for any reason.

Have you ever been charged with any traffic violations? ____ Yes ____ No

If yes, regardless of whether or not you were convicted please explain in detail. This also applies to when you were a juvenile and MUST include all issues that may have been subsequently expunged or sealed by a court for any reason.

Have you at any time used illegal drugs? ____ Yes ____ No

Have you at any time used prescription drugs that were not prescribed to you? ____ Yes ____ No

Have you at any time given or sold to another person prescription drugs that were prescribed to you? ____ Yes ____ No

If you answered Yes to any of these three questions please explain in detail the circumstances, to include what drug(s), last time used, how often, and where it occurred. Prior drug use shall be reviewed on a case-by-case basis, however, all drug use MUST be disclosed.

COLLEGE/UNIVERSITY

Name: _____ Address: _____

Major: _____ You are currently: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Name of Faculty Advisor: _____ Academic Dept of Faculty Advisor: _____

Contact information of Faculty Advisor: _____ (Telephone) _____ (E-mail)

ADDITIONAL INFORMATION

Applicant's Signature: _____ **Date:** _____

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IMPORTANT

I am aware that by accompanying members of the Spotsylvania County Sheriff's Office there is a high probability that I will be exposed to hazardous situations inherent in police work. This includes, but is not limited to, high speed vehicle operations, accidents, arrest situations, dangerous weapons, assaults, contact with abnormal persons, etc. I have requested to ride with members of the Spotsylvania County Sheriff's Office with full knowledge that there is potential for serious bodily injury, death, and loss or damage to my person or property.

Acknowledging these foreseeable dangers, I _____ do hereby release the Spotsylvania County Sheriff's Office, and its employees or agents from any and all liability for any injuries or losses incurred or the result of my participation with the sheriff's office as a student intern.

I understand and agree that I am responsible for my own medical coverage as well as any and all other insurance coverage.

Name (printed)

Address: _____

Signature

Date of Birth: _____ SSN: _____

Affidavit

I, _____, Notary Public in and for the County and State aforesaid, hereby certify that, on this ____ day of _____, 20____, the Affiant herein, _____, did personally appear before me and duly executed the foregoing document in my presence.

Notary Public

State of _____
County of _____

My commission expires: _____

Administrative Services Captain Date

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IMPORTANT

PARENT'S AUTHORIZATION AND LIABILITY WAIVER FOR MINOR CHILD'S SHERIFF'S VOLUNTEER PROGRAM PARTICIPATION

I am aware that by accompanying members of the Spotsylvania County Sheriff's Office there is a high probability that my minor child, _____, will be exposed to hazardous situations inherent in police work. This includes, but is not limited to, high speed vehicle operations, accidents, arrest situations, dangerous weapons, assaults, contacts with abnormal persons, with animals, and with dangerous materials, as well as operations in potentially hazardous environments. My child has requested to volunteer his/her time with members of the Spotsylvania County Sheriff's Office with full knowledge that there is the potential for serious bodily injury, death, and loss or damage to their person or property.

Acknowledging these foreseeable dangers, I _____ do hereby consent to his/her participation and release the Spotsylvania County Sheriff's Office, and its employees or agents from any and all liability for injuries or losses of any type incurred or the result of my child's participation with the sheriff's office as a volunteer.

I understand and agree that I am responsible for my child's medical coverage as well as any and all other insurance coverage.

Name (printed)

Address: _____

Signature

Date of Birth: _____ SSN: _____

Affidavit

I, _____, Notary Public in and for the County and State aforesaid, hereby certify that, on this ____ day of _____, 20____, the Affiant herein, _____, did personally appear before me and duly executed the foregoing document in my presence.

Notary Public

State of _____
County of _____

My commission expires: _____

Administrative Services Captain Date