



Calvert County Sheriff's Office

30 Church Street
Prince Frederick, Maryland 20678
410-535-2800



Internship Volunteer **Application**

The purpose of this application is to give applicants an opportunity to share their background, experience, interests, and skills. The Calvert County Sheriff's Office does not discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability, or any other basis prohibited by federal, state, or local law.

**ALL SECTIONS MUST BE THOROUGHLY COMPLETED. IF A QUESTION IS NOT APPLICABLE, INDICATE "N/A."
IF YOUR APPLICATION IS NOT THOROUGHLY COMPLETED, IT WILL NOT BE PROCESSED.**

Personal Profile

Full Name:				Date:	
Date of Birth:			*Social Security #:		
Home Address:					
Daytime Phone #:			Evening Phone #:		
Email:			Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Why do you want to be considered for this program?					
Do you have any points on your driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how many points and what were the charges:					
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all offenses, locations, and actions taken:					
Have you ever been convicted, forfeited collateral, or are you now under charges for any felony, firearms or explosives offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all such offenses and state date, place, and action taken (do not report any conviction for which the records have been officially expunged):					
Do you have credit problems or a judgment against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					

* Required to conduct criminal history check.

Preferences

What is your main interest at the Sheriff's Office?	
Availability: <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term	Approximate start and end date:
Start Date:	End Date:

Select the days and hours you can be available:

- | | | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM | <input type="checkbox"/> AM |
| <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM | <input type="checkbox"/> PM |

Other:	
<p>NOTE: Volunteer assignments and projects are typically scheduled Monday – Friday, 8:30 am – 4:30 pm. Internship assignments may be scheduled any day of the week, in four to six hour shifts.</p>	
Have you ever participated in a criminal justice program or volunteered at a law enforcement agency?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?
What is your advisor's name and contact information?	

Education

What high school/college do you attend?	
Are you a: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	Grade point average:
If attending college, what is your major/minor?	
Will you receive college credits for this internship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many credits will you earn?	How many hours do you need to acquire?
What is your advisor's name and contact information?	

Skills

What general skills would you like to share?	
Familiar with what Microsoft Office applications?	

Work Experience

Supervisor:		Phone #:	
Business/Address:			
Responsibilities:			
Supervisor:		Phone #:	
Business/Address:			
Responsibilities:			

General Information

In case of emergency, please contact:

Name:		Relationship:	
Cell Phone #:		Home Phone #:	
Work Phone #:		Email:	
Do you want to voluntarily inform our agency of accommodations necessary to participate in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			
Do you want to voluntarily inform our agency of any medical condition(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			

Personal References

Name:		Years Known:	
Address:		Phone #:	
Name:		Years Known:	
Address:		Phone #:	

NOTICE TO APPLICANTS

Please read carefully: In submitting this application and by signing this document, I authorize investigation of all statements contained therein. I authorize the Calvert County Sheriff's Office to make any contacts necessary to conduct criminal history, credit, professional and personal reference checks to inquire about my ability to perform all aspects of the internship/volunteer position for which I am being considered; and I release the Calvert County Sheriff's Office and those individuals/institutions that provide information from any liability that may arise from the provisions of this information. I agree to provide the Calvert County Sheriff's Office with all information necessary to conduct these checks.

If I fail to abide by all requirements, I understand I forfeit consideration as a Calvert County Sheriff's Office intern/volunteer. I understand that all information will be kept confidential and will be used only for internship/volunteer qualification purposes. I understand that this application is the property of the Calvert County Sheriff's Office and will become part of my permanent file if I am accepted into the Internship/Volunteer Program.

I understand that official acceptance into the Internship/Volunteer Program is only made in writing by the internship and volunteer program coordinator. Any prior conversations regarding the Internship/Volunteer Program and related matters are considered preliminary and do not constitute as acceptance into either program. Therefore, no change in my current status should be made in reliance on any statement, conversation, or representation other than in a written notification of acceptance into the Internship/Volunteer Program from the internship and volunteer program coordinator.

Please check boxes below.

- I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS.
- I CERTIFY THAT I HAVE NOT ALTERED THE CONTENTS OF THIS APPLICATION IN ANY WAY AND THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT (WITHOUT OMISSIONS) AND MADE SUBJECT TO THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MARYLAND. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION IS GROUNDS FOR DISMISSAL AS AN INTERN/VOLUNTEER.

APPLICANT'S SIGNATURE:

(Original Signature Required)

APPLICANT MUST INCLUDE A CLEAR COPY OF DRIVER'S LICENSE