



FULTON COUNTY JUVENILE COURT STUDENT INTERNSHIP PROGRAM APPLICATION

Fulton County Juvenile Court
395 Pryor Street SW
Atlanta, Georgia 30312
Office: 404-612-4402



The mission of the Fulton County Juvenile Court is: first, to protect children and the community in matters brought before the court, to rehabilitate children, and to restore families; and second, to create opportunities for the community, partners, and stakeholders to actively engage in this mission.

Please complete all sections below:

Date: _____

A. STUDENT INFORMATION

Name: _____
LAST FIRST MI

Home Address: _____
CITY STATE ZIP

Home Telephone Number: _____

Mobile Telephone Number: _____

Email Address: _____

School/Local Address: _____
(If Different)

School/Local Number: _____

Current Educational Institution: _____

College Major: _____

Expected Date of Graduation: _____

Grade Point Average: Major _____ Cumulative _____

Please indicate standing at time of projected placement (Mark One):

Undergraduate: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Graduate: ☐ 1st year ☐ 2nd year ☐ 3rd year

Please list and describe your current employment and any previous vocational experiences:

Dates: _____
Company: _____
Job Title: _____
Responsibilities: _____

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How did you hear about the Fulton County Juvenile Court Student Internship Program?

Why do you wish to intern with the Fulton County Juvenile Court?

Please list any relevant skills that will help determine placement (Examples: computer/software knowledge, certifications, etc.)

Please indicate which areas of service you are interested in:

_____	Probation Services	_____	Accountability Courts
_____	Community Restorative Board	_____	Legal Internship
_____	Citizen Review Panel	_____	Education Advocacy
_____	Behavioral Health		

B. EDUCATIONAL INSTITUTION DATA

Institution Name: _____

Department: _____

Mailing Address: _____

Telephone Number: _____

Internship Supervisor: _____

Telephone Number: _____

Email Address: _____

C. PLACEMENT DATA

Indicate the desired starting date of internship: _____

Indicate the desired completion date: _____

What are the hourly requirements of your educational institution? _____

Describe any placement site requirements of an internship program as mandated by your educational institution (Example: evaluations, supervision certifications/licensures, etc.):

Is this a full time placement request? _____

If not, specify the days and hours desired:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
_____	_____	_____	_____	_____	_____

Will you be taking any courses or maintaining employment during this placement? _____

Describe what you hope to learn and experiences you desire during an internship program:

List any requirements or limitations affecting placement structure or scheduling, and any special needs of your own or of your educational institution:

D. CRIMINAL BACKGROUND INFORMATION*:

**All questions in this section must be answered*

1. Have you ever been convicted of a criminal offense? Yes _____ No _____
2. Have you ever been convicted of a crime involving child neglect, abuse, or endangerment? Yes _____ No _____
3. Have you ever been convicted of a crime involving the use or sale of illegal drugs? Yes _____ No _____
4. Do you presently hold a valid Georgia Driver's license? Yes _____ No _____
5. Has your driver's license ever been suspended or revoked? Yes _____ No _____
6. Do you have any pending offenses? Yes _____ No _____

If you answered "Yes" to any of the above questions, please provide additional details.

I understand that this is an application for and not a commitment or promise of internship opportunity. I certify that the answers given in this application are true and complete to the best of my knowledge. I certify that I have and will answer all questions throughout the selection process to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application to intern with the Fulton County Juvenile Court. I understand that information contained on my application will be verified and that any misrepresentations or omissions may be cause for my immediate rejection as an applicant for internship placement with the Fulton County Juvenile Court or my dismissal from the Student Internship Program.

SIGNATURE

DATE

Email completed application to kevin.block@fultoncountyga.gov

It is expected all applicants will adhere to the following application deadlines. Submittals received after posted deadlines may be delayed or denied.

FALL: June 15th
SPRING: October 15th
SUMMER: March 15th

