

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:	FIRST	
CITY	STATE	ZIP
Home Telephone Number:		
Mobile Telephone Number:		
Email Address:		
(If Different)		
Current Educational Institution:		
College Major:		
Expected Date of Graduation:		
Grade Point Average: Major	Cumulative	

Please indicate s	tanding at time of	projected placemen	t (Mark One):	
Undergraduate: [☐ Freshman	☐ Sophomore	☐ Junio	or 🗆 Senior
Graduate:	☐ 1 _{st} year	☐ 2 _{nd} year	☐ 3 _{rd} year	
Please list and de	escribe your curre	nt employment and	any previous	vocational experiences:
Dates:				
Company:				
Job Title:				
Responsibilities:				
Dates:				
Company:				
Job Title:				
Responsibilities:				
Dates:				
Company: Job Title:				
Responsibilities:				
How did you hear	r about the Fulton	County Juvenile Co	urt Student Ir	iternship Program?
Why do you wish	to intern with the	Fulton County Juver	nile Court?	
Please list any re knowledge, certif		vill help determine pl	acement (Exa	amples: computer/software
Pr Cc Ci	which areas of serobation Services ommunity Restoratizen Review Paneral		A L	ccountability Courts egal Internship ducation Advocacy

B. EDUCATIONAL INSTITU	JIION DATA				
Institution Name:					
Department:					
Mailing Address:					
Telephone Number:					
Internship Supervisor:					
Telephone Number:					
Email Address:					
C. PLACEMENT DATA					
Indicate the desired star	rting date of	internship:			
Indicate the desired con	npletion date	e:			
What are the hourly req	uirements of	f your educa	ational institution?		
Describe any placemen educational institution (I					
Is this a full time placem	nent request	?			
If not, specify the days a	and hours de	esired:			
☐ Monday ☐ Tuesd 	ay □ We — —	ednesday 	☐ Thursday 	☐ Friday ———	☐ Saturday
Will you be taking any c	ourses or m	aintaining e	mployment during	this placement	?
Describe what you hope	e to learn an	d experienc	es you desire duri	ng an internship	o program:

List any requirements or limitations affecting placement structur needs of your own or of your educational institution:	e or sched	duling, and any sp	ecial
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 neg		e, or endangerme No	nt?
3. Have you ever been convicted of a crime involving the use of		llegal drugs? 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 pro	ovide addii	lional details.	
I understand that this is an application for and not a commitment or promise of answers given in this application are true and complete to the best of my known answer all questions throughout the selection process to the best of my ability withhold any information that would unfavorably affect my application to interr I understand that information contained on my application will be verified and omissions may be cause for my immediate rejection as an applicant for intern Juvenile Court or my dismissal from the Student Internship Program.	wledge. I cent and that I hat with the Ful that any misi	tify that I have and wil ave not and will not Iton County Juvenile (representations or	I Court.
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



FULTON COUNTY JUVENILE COURT STUDENT INTERN RELEASE OF INFORMATION & CONFIDENTIALITY AGREEMENT

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**The following information must be legible and complete.



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.

I hereby authorize Fulton County Juvenile Court and any law enforcement agency to receive criminal history record information and state central registry information pertaining to me which may be in files of any federal, state, or local criminal justice agency and to investigate my background to determine my fitness as a potential volunteer/intern. This information may be requested and received on a continual basis during the period of time that I am an active volunteer/intern for the Fulton County Juvenile Court.

As a intern of Fulton County Juvenile Court, I understand that I must maintain the privacy and confidentiality of any and all case or client information. I recognize the value and sensitivity of confidential information and understand that it is protected by law. I agree to keep all such information confidential for an indefinite period of time, even after I am no longer interning with Fulton County Juvenile Court. I agree to follow the above rules of confidentiality. I understand that failure to do so will result in immediate dismissal as an intern.

Full Name:			
	LAST	FIRST	MIDDLE
Home Address:			
	CITY	STATE	ZIP
MALE DFEMALE		/ /	
SEX		DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NO.
Please check one:			
☐ American Indian .☐ Hispanic / Latino		☐ Asian Native Hawaiian / Pacific Islander	ack / African American hite / Caucasian
SIGNATURE		DATE	