



FULTON COUNTY JUVENILE COURT STUDENT INTERNSHIP PROGRAM APPLICATION

Romae T. Powell Justice Center
395 Pryor Street SW
Atlanta, Georgia 30312
Office: 404-612-4402
www.fultonjuvenilecourt.org

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)

Current Educational Institution: _____

College Major: _____

Expected Date of Graduation: _____

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

Undergraduate: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

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

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: _____

Does this coincide with an academic semester? ____ YES ____ NO

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:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ 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 your educational institution:

If selected, will you receive academic credit for this internship? Yes _____ No _____

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

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

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Company: _____
Job Title: _____
Responsibilities: _____

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 your areas of interest:

- | | |
|--|---|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> CHINS |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Educational Advocate |
| <input type="checkbox"/> Accountability Courts | <input type="checkbox"/> Guardian ad Litem |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Clerks Office | |

D. CRIMINAL BACKGROUND INFORMATION:

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No

If you answered "Yes" please provide additional details.

I understand this is an application for and not a commitment or promise of an internship opportunity. I certify that the answers 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 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 the information within 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 the completed application to kevin.block@fultoncountyga.gov