



Timothy K. Cameron
Sheriff

Office of the Sheriff

St. Mary's County, Maryland

Headquarters
23150 Leonard Hall Drive
Leonardtown, MD 20650
301-475-4200 Ext. 1900
301-475-4047 Fax

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41880 Baldrige Street – P.O. Box 960
Leonardtown, MD 20650
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An Internationally
Accredited Agency

Internship Application

The purpose of this application is to give applicants an opportunity to share their background, experience, interests, and skills. The St. Mary's 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

Date: _____

Full Name: _____ Date of Birth: _____

U.S. Citizen: Yes No Driver's License No: _____ State: _____

Home Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Why would you like to be considered for this program?

Do you have a criminal record? Yes No If yes, please list all offenses, locations, and actions taken:

Have you ever been convicted or charged for any felony, firearms or explosives offense? Yes No

If yes, please list all offenses, locations, and actions taken:

Do you have credit problems or any judgments against you? Yes No If yes, please explain:

PREFERENCES

What is your main interest at the Sheriff's Office? _____

Availability: Long term Short term

Approximate Start Date: _____ Approximate End Date: _____

Select the days and hours you can be available:

| | | | | | | |
|------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <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 |

Have you ever participated in a criminal justice program or volunteered at a law enforcement agency?

Yes No If yes, please complete the following questions:

Date: _____ Program/Agency: _____

Advisor/Supervisor Name: _____ Phone Number: _____

EDUCATION

High School Name: _____ GPA: _____

College Name: _____ GPA: _____

Major: _____

Will you receive high school or college credits for this Internship? Yes No

If yes, how many credits will you earn: _____

How many hours do you need to acquire: _____

Instructors Name: _____

Phone Number: _____ Email: _____

WORK EXPERIENCE

Name, address, and contact number of your last 2 employers:

Company Name: _____

Address: _____

Supervisor Name: _____ Phone Number: _____

Company Name: _____

Address: _____

Supervisor Name: _____ Phone Number: _____

SKILLS

What general skills would you like to share?

What Microsoft Office applications are you familiar with?

EMERGENCY CONTACT

Emergency Contact Information

Name: _____

Address: _____

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

VOLUNTARY INFORMATION

Special accommodations necessary to participate in the program:

Medical conditions:

REFERENCES

Name: _____ Years known: _____

Address: _____

Phone Number: _____ Email: _____

Name: _____ Years known: _____

Address: _____

Phone Number: _____ Email: _____

NOTICE TO APPLICANT

Please read carefully: In submitting this application and by signing this document, I authorize investigation of all statements contained therein. I authorize the St. Mary's 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 St. Mary's 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 St. Mary's County Sheriff's Office with all information necessary to conduct these checks.

If I am under 18, I will ask for parental/legal guardian consent before submitting this application to the St. Mary's County Sheriff's Office. If I fail to abide by all requirements, I understand I forfeit consideration as a St. Mary's County Sheriff's Office intern. I understand that all information will be kept confidential and will be used only for internship qualification purposes. I understand that this application is the property of the St. Mary's County Sheriff's Office and will become part of my permanent file if I am accepted into the Internship Program.

I understand that official acceptance into the Internship Program is only made in writing by the Internship Program Coordinator. Any prior conversations regarding the Internship Program and related matters are considered preliminary and do not constitute as acceptance into the 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 Program from the Internship 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. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION IS GROUNDS FOR DISMISSAL AS AN INTERN/VOLUNTEER.

APPLICANTS SIGNATURE: _____

DATE: _____

APPLICANT MUST INCLUDE A CLEAR COPY OF DRIVER'S LICENSE

IF YOU ARE UNDER 18, PARENTAL/LEGAL GUARDIAN CONSENT IS REQUIRED

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____

Parent / Legal Guardian Printed Name: _____

Phone Number: _____ Email: _____