

## **Internship Responsibilities**

**Student Intern:** As the student intern enters the FCSO he/she is expected to assume, as much as possible, the role of a regular staff member. The responsibilities include:

1. Adhering to company work hours, policies, procedures and rules governing professional staff behavior.
2. Adhering to company policies governing the observation of confidentiality and the handling of confidential information.
3. Assuming personal and professional responsibilities for his/her actions and activities.
4. Maintaining professional relationships with company employees, customers and so forth.
5. Utilizing a courteous, enthusiastic, open-minded, critical approach to policies and procedures within the profession.
6. Relating and applying knowledge acquired in the academic setting to the company setting.
7. Developing a self-awareness in regard to attitudes, values, behavior patterns, and so forth that influence work.
8. Preparing for and utilizing conferences and other opportunities of learning afforded in the company.
9. Being consistent and punctual in the submission of all work assignments to the supervisor and faculty coordinator.
10. Providing the faculty coordinator with periodic progress reports.

AGREED \_\_\_\_\_  
Student Signature

**Fulton County Sheriff's Office (FCSO):** It is the responsibility of the FCSO to provide direct, on-the-job supervision of the student intern which includes the following:

1. Orienting the student intern to the company's structure and operations.
2. Orienting the student intern to the company's policies and procedures regarding appropriate dress, office hours, applicable leave policies.
3. Introducing the student intern to the appropriate professional and clerical staff.
4. Providing the student intern with adequate resources necessary to accomplish job objectives.
5. Orienting the student intern to the policies and procedures of the personnel department.
6. Affording the student intern the opportunity to identify with the supervisor as a professional staff person by jointly participating in office interviews, meetings, conferences, projects, and other personnel and management functions.
7. Assigning and supervising the completion of tasks and responsibilities that are consistent with the student intern's role in the company.
8. Consulting the faculty coordinator in the event that the supervisor becomes aware of personal, communication or other problems that are disrupting the student intern's learning and performance.
9. Providing regularly scheduled supervisory conferences with the student intern.
10. Participating in joint and individual conferences with the student intern and faculty coordinator regarding the student intern's performance.
11. Submitting an evaluation on the student intern's job performance.

AGREED \_\_\_\_\_  
Fulton County Sheriff's Office Representative

**Faculty Coordinator:** The faculty coordinator assumes overall responsibility for consultation with the FCSO and interns on objectives, agreements, and other job-related tasks. The faculty coordinator is available to the student intern in an advisory capacity with respect to assisting the student intern to achieve the stated objective of the internship. The role of the faculty coordinator involves:

1. Individual pre-placement orientation and introduction of the student intern to the nature and purpose of the internship.
2. Orienting and introducing the company supervisor to the purpose and objectives of the internship.
3. Consulting with the company supervisor and student intern on a regular basis regarding the student intern's performance.
4. Assuming responsibility for the removal of a student intern from the internship setting whenever necessary.

AGREED \_\_\_\_\_  
Faculty Coordinator Signature



## Fulton County Sheriff's Office Internship Information Sheet

Term: Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

Proposed start date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### University/College/Institute

Name: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Contact Phone: ( ) \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contacts

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address: \_\_\_\_\_



## Fulton County Sheriff's Office Internship Information Sheet

Additional Information:

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**University/College/Institute:** \_\_\_\_\_

Academic Advisor or Institution contact name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Please check your interest:**

**Is an internship required for your degree?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many internship hours are required? \_\_\_\_\_

Days of availability: (check all that apply)

Sun\_\_ Mon\_\_ Tues\_\_ Wed\_\_ Thurs\_\_ Fri\_\_ Sat\_\_

List hours of availability: \_\_\_\_\_

Please outline any specific learning objectives or interests:

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## Fulton County Sheriff's Office Internship Areas of Interest

**Intern Name:** \_\_\_\_\_

**Place an "X" next to the division(s) of interest for internship placement:**

### **Administration Division** \_\_\_\_\_

Finance/Accounting/Property Tax Unit  
Grant Management  
Contract Management  
Internal Affairs Section  
Fleet/Warehouse Section  
Background Investigations Section  
Community Outreach Section  
Human Resources Section  
Information Systems Section  
Planning and Research Section  
Public Relations Section  
Purchasing/Finance Section  
Training Section

### **Jail Division** \_\_\_\_\_

Intake Section  
Policy Unit  
Security Section  
Medical Services Section  
Programs Section  
Inmate Grievance Unit  
Inmate Disciplinary Unit

### **Law Enforcement Division** \_\_\_\_\_

Bonding Section  
Warrant Services Section  
Canine Unit  
    1. Narcotics  
    2. EOD (Bomb and Weapons)  
    3. Patrol  
    4. Cell Phone Detection  
Transfer Section  
Administrative Section  
Operations Section  
    1. Civil Process  
    2. Warrants  
    3. Family Violence Orders  
    4. Keep the Peace Orders  
    5. Prisoner Escorts  
Special Weapons and Tactics Team (SWAT)/Crisis Negotiations Unit  
Bomb Unit  
Sex Offender Unit  
Protective Measures Unit  
Investigative Section  
Fugitive Unit

### **Courts Services Division** \_\_\_\_\_

Building Security Section  
Court Operations Section  
Juvenile/Jail Courts Section  
Honor Guard Unit  
Reserve Branch  
    1. Patrol/Warrant Unit  
    2. Training Unit  
    3. Special Operations Unit  
    4. Jail Unit  
    5. Court Support Unit  
    6. Motor Unit



## Fulton County Sheriff's Office Interest Form

**Reason for interest in a Sheriff's Office placement:**

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**Please describe why you are an eligible candidate for this internship:**

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Please send your resume along with this application to:  
Ardie Harrison at [ardie.harrison@fultoncountyga.gov](mailto:ardie.harrison@fultoncountyga.gov) or fax to (404) 893-6865. For questions or additional information contact Ardie Harrison in Human Resources at (404) 612-4751.



## Fulton County Sheriff's Office Intern's Assumption of Risk and Waiver of Liability

I, \_\_\_\_\_, agree to conduct myself in a safe and responsible manner at all times, while at the Fulton County Sheriff's Office. I will watch out for and warn others about any potentially unsafe situations. I represent that I am in good physical condition and know of no reason why it would be unsafe for me to participate in activities at the Fulton County Sheriff's Office. I agree to abide by all rules and regulations of the Fulton County Sheriff's Office. I assume all liability for any injury incurred, while volunteering as an intern/extern with the Fulton County Sheriff's Office. I understand that I must rely on my own medical insurance and/or that of my learning institution, in the event that I am injured or harmed in any way during this assignment with the Fulton County Sheriff's Office.

In consideration for being permitted to participate in the Internship Program at the Fulton County Sheriff's Office, I release, indemnify and hold harmless the Fulton County Sheriff's Office and any of its employees, agents and servants from any claim for injury, including, but not limited to bodily injury, wrongful death and property damage, made by myself, family, heirs, administrators or assigns. I agree that the Fulton County Sheriff's Office, its officers, employees and members shall not be liable for any injuries or damage to me or my property including, but not limited to injury or damage resulting from active or passive negligence on their part. Furthermore, I absolve the Fulton County Sheriff's Office of any responsibility for treatment should injury, harm or infections occur.

In signing this release, I acknowledge and represent that I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed. I further represent that I am at least eighteen years of age.

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Participant Name: **Please Print**

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Participant Signature

Date