INTERNSHIP APPLICATION WOODBURY COUNTY SHERIFF'S OFFICE

NAME:				
First	N	Middle	Last	
ADDRESS:				
Street	City	State	e Zip	
TELEPHONE NUMBER:		DATE OF BIRTH:		
DRIVER'S LICENSE NUMBER	₹:	DRIVER'S	LICENSE STATE:	
SOCIAL SECURITY NUMBER	:	EMAIL:		
NAME & ADDRESS OF EME	RGENCY CONTACT PER	SON:		
TELEPHONE NUMBER:		RELATIONSHIP		
NAME & TELEPHONE NUM	BER OF FAMILY PHYSIC	CIAN:		
DO YOU HAVE ANY MEDICA	AL CONDITIONS THAT I	MAY INTERFERE WITH Y	OUR PARTICIPATION	IN AN
INTERNSHIP PROGRAM WI	TH THE WOODBURY CO	OUNTY SHERIFF'S OFFIC	CE? NO	YES
IF YES, PLEASE SPECIFY				
HOSPITAL PREFERENCE: _	MERCY MEDICAL	CENTER UNITY	POINT HEALTH	
AS PART OF WOODBURY C	OUNTY POLICY, YOU W	ILL BE REQUIRED TO HA	AVE A PHYSICAL DON	E AT
MERCY BUSINESS HEAL	TH BEFORE BEGINNING	G AN INTERNSHIP. WIL	L YOU BE AVAILABLE	FOR THIS
PHYSICAL?YES	NO			
COLLEGE OR UNIVERSITY:				
MAJOR:		ADVISOR NAME:		
INTERNSHIP SUPERVISOR N	IAME:			
TELEPHONE NUMBER:		EMAIL:		
SEMESTER REQUESTED FO	R INTERNSHIP: I	FALL SPRING	SUMMER	
NI IMBERS OF HOURS REOL	IIRED TO COMPLETE T	HE INTERNSHID:		

CLASS SCHEDULE FOR TO MONDAY: TUESDAY: WEDNESDAY: THURSDAY: FRIDAY:		
I/we understand:		
Sheriff during the That while with confidential and That all activities any protected in internship programmer. That if at any time Office policies the That during the may be determine.	the course of the Deputy Sheriff the Deputy Sheriff the intern of I professional nature. Is the intern is involved in will real information during the internshoram. The during the internship the internship the internship if the intern display	will be involved in law enforcement activities of a remain confidential and should the intern disclose hip the intern may be terminated from the atern violates any Woodbury County Sheriff's from the internship program. It is any behavior away from the sheriff's office that gal, the Woodbury County Sheriff's Office may
PROSPECTIVE INTERN		INTERNSHIP COORDINATOR
DATE:		DATE: