



## Fulton County Sheriff's Office

185 Central Avenue, S.W  
9<sup>th</sup> Floor, Justice Tower Center  
Atlanta, Georgia 30303  
404-612-5100 Office

### *Application for Junior Deputy Program*

(To Be Completed By Parent/Guardian)

#### Applicant's Information

Resident of Fulton County  Related to Fulton County Employee  Attend a School in Fulton County

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

Nickname: \_\_\_\_\_

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

City & Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

List Hobbies, Sports, Extra-Curricular Activities: \_\_\_\_\_

Has applicant ever been convicted of a crime or act of delinquency?  Yes  No

If yes, please explain: \_\_\_\_\_

#### Parent/Guardian's Information

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

#### Emergency Contact Information (Someone Other Than Yourself)

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

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

City & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_



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### Applicant Essay (To Be Completed By Student)

The applicant must complete an essay to be considered for the Junior Deputy Program. **Essay must be typed or legible print signed and dated.** The essay can be **no more than one page.** The questions to be answered in the essay are:

- 1) What benefit do you hope to gain from the Junior Deputy Program experience?
- 2) What is leadership? Describe an instance where you demonstrated leadership?



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**Administrator/Other:** The person named below is applying for participation in the Fulton County Sheriff's Office Junior Deputy Program.

**Objectives:**

- To provide a better understanding of law enforcement and the justice system.
- To expose students to the various functions of the Fulton County Sheriff's Office and the various agencies we interact with.
- To reach our youth at an impressionable age.
- To build superior character, build mutual understanding, develop leadership skills, promote good citizenship, **and enhance physical and mental fitness.**

**Please complete the information below and give your overall endorsement of the applicant for the Junior Deputy Program.**

Student's Name: \_\_\_\_\_  
Administrator/Other Name: \_\_\_\_\_  
Administrator/Other's Position/Title: \_\_\_\_\_  
School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: State: Zip Code: \_\_\_\_\_

1. How long have you known the applicant?  
\_\_\_\_\_
2. In what capacity do you know the applicant?  
\_\_\_\_\_
3. What is the student's greatest contribution to your class or school?  
\_\_\_\_\_  
\_\_\_\_\_
4. Name three adjectives to describe the student and why you chose those adjectives?  
\_\_\_\_\_  
\_\_\_\_\_



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### APPLICATION INSTRUCTIONS

1. Fill out the application in its entirety. (**Legibly**)
2. Please make sure to list contact information that you can be reached at during the hours of the program.
3. Be sure to put someone other than yourself as an emergency contact.
4. The information from the Administrator/Other must be inside a sealed envelope with the individual's name on it.
5. Applications can be submitted via email or in person.
6. Applicant must be between the ages of 11-16 by the start of the program.
7. Must attend school in Fulton County; be related to a Fulton County employee **OR** live in Fulton County.
8. ***PLEASE list ALL allergies and medical ailments (Minor and Major) that will prevent/limit physical participation.***

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If you have any questions regarding the program, please contact the Community Outreach Section via telephone at 404-612-6624 or via email at [community.outreach.fcso@fultoncountyga.gov](mailto:community.outreach.fcso@fultoncountyga.gov)

- ✓ Application must be signed and dated
- ✓ Essay must be completed by student, with student name date and signature
- ✓ Letter of recommendation must be in sealed envelope with signature over the seal.



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Parent /Guardian Name: \_\_\_\_\_

Child's Name/ Gender / Sex: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

\_\_\_\_\_ I understand that during the program my child will be involved in some physical activity (i.e. sit-ups, push-ups, pull-ups etc.)

\_\_\_\_\_ I understand that my child will be exposed to various law enforcement situations that will stimulate their mindsets mentally, physically and emotionally.

\_\_\_\_\_ I understand that this program will cover the diversity of law enforcement operations and procedures and will educate my child on subjects such as ; hazards of drugs, firearms, safety, civic responsibility, gangs and peer pressure.

\_\_\_\_\_ I authorize my child to be photographed during this program for promotional purposes.

I authorize my child to participate in the Junior Deputy Program conducted by the Fulton County Sheriff's Office Community Outreach Section.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **PARENT/GUARDIAN ACKNOWLEDGEMENT AGREEMENT**

This is a release from liability and consent form. I understand by signing this form that I am giving permission for my child to participate in the Junior Deputy Program that will be conducted by The Fulton County Sheriff's Office (F.C.S.O). I am the natural parent, legal adoptive parent, or legal guardian, of the minor child named on this form. I certify that my child has no major health condition that may require treatment during the Junior Deputy Program. I understand that it is my responsibility to inform the Fulton county Sheriff's Office Junior Deputy Program if there are any changes to any contact information before and during the Program.

I generally release the Fulton County Sheriff's Office Junior deputy Program, Fulton County Sheriff Theodore Jackson, his deputies, chaperones and other duly authorized personnel acting at the Sheriff's direction from any and all liability for an act or omission to act, which may be alleged to cause any injury to my child. I understand by signing this form that all information provided is correct.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **WITHDRAWAL/INDIVIDUAL CANCELLATION**

The initial deposit of \$50 is NON-REFUNDABLE and non-transferable and all payments are NON-Refundable. If I wish to cancel my child's reservation or my child becomes ineligible to participate in the program, I understand that I have no right to a refund, since all accommodations, meals, and services have already been booked and purchased by the Fulton County Sheriff's Office Junior Deputy Program Prior to the programs start date. The Fulton County Sheriff's office Junior Deputy Program has the right to alter the itinerary (such as reversing the order due to inclement weather etc.), and I agree to accept any such changes. The Fulton County Sheriff's Office Junior Deputy Program, Sheriff Theodore Jackson, and his designees, will not be responsible for any lost or stolen items, including, but not limited to, money, clothing, electronic items, etc. I realize that the responsibility of keeping up with their monies, clothing, souvenirs, lies solely with my child. By signing this form I agree to the terms and conditions listed.

Signature of Parent : \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

Sheriff's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved  Denied; Reason for Denial: \_\_\_\_\_