

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:

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:



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:

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

Please send your resume along with this application to:
Ardie Harrison at 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.

Participant Name: **Please Print**

Participant Signature

Date