



HOLLYWOOD POLICE DEPARTMENT COLLEGE INTERN PROGRAM



Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Male: _____ Female: _____

Social Security# _____ DOB: _____ E-mail: _____

Have you ever been arrested? Yes _____ No _____

If yes, what for? _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone # _____

College or University Information

Name of College/University authorizing internship? _____

Degree you are seeking as part of this internship? _____

Name of instructor/professor? _____

Instructor/Professor E-mail _____

Instructor/Professor Work # _____

Instructor/Professor Other # _____

Have you supplied the following?

- Letter of Referral from school official
- Resume
- Official Transcript

What hours and days are you available in order to fulfill your requirements?

I further understand that this is not an application for employment and do not expect payment or reimbursement from the City of Hollywood for the services and time volunteered to the Police Department.

Applicant Signature: _____

Date: _____