



Fulton County Marshal's Department

Justice Center Building, Suite J-102
160 Pryor Street S.W., Atlanta, Georgia 30303
404-612-4451 Office / 404-893-6565 Fax

2018 Junior Deputy Program June 18-22, 2018

APPLICATION INSTRUCTIONS

1. Fill out the application in its entirety. **Please ensure that the application is legible.**
2. Please be sure to indicate a shirt size.
3. The essay cannot be more than one page in length. The essay must include the student's name, date and signature.
4. Make sure you put a contact number that you can be reached during the hours of the program.
5. Please be sure to indicate someone other than yourself as an emergency contact.
6. The letter from the Recommender must be inside a sealed envelope with the Recommender's signature on the seal.
7. Applications can be submitted in-person or mailed.

If you have any questions regarding the program, you can contact Sergeant Hadley via telephone at 404-612-4462 or Corporal Stallworth at 404 612- 4435 or via email at FCMD.JuniorDeputy@fultoncountyga.gov.

Eligibility: The candidate must be between the ages of 12-16 by the start of the program, complete an essay and submit a letter of recommendation from a teacher or school administrator. The candidate must attend a school in Fulton County, be related to a Fulton County employee **OR** be a Fulton County resident.

Application Deadlines & Procedures: Applications must be received in the Fulton County Marshal's Department no later than **May 25, 2018**. Candidates must submit the following documents:

- Application [Signed and Dated by Parent or Guardian]
- Essay [Completed by Student: Include Date, Student's Name and Signature]
- Letter of Recommendation [Sealed Envelope with Signature over Seal]



Fulton County Marshal's Department

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: _____

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. 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?

Parent/Guardian's Information

Name: _____ Email Address: _____
Address: _____ Home Phone: _____
City & Zip Code: _____ Alternative Phone: _____

Emergency Contact Information (Someone Other Than Yourself)

Name: _____ Relationship: _____
Address: _____ Home Phone: _____
City & Zip Code: _____ Alternative Phone: _____

Parent/Guardian Acknowledgement

By signing, I acknowledge all information given is true and correct. I also acknowledge if the above applicant is accepted into the Junior Deputy Program, I will be required to sign the "*Release and Waiver of Liability and Indemnity Agreement*" Form and the "*Junior Deputy Program Policy Receipt*" Form.

Signature: _____ Date: _____

Marshal's Signature

Signature: _____ Date: _____

Approved
 Denied; Reason for Denial: _____



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The person named below is applying to participate in the Fulton County Marshal's Department Junior Deputy Program. The program is designed to expose students to the numerous functions of the Fulton County Marshal's Department and the various agencies we interact within the criminal justice system. It is also designed to build superior character, build mutual understanding, develop leadership skills, promote good citizenship, enhance personal and mental fitness, and to possibly interest participants in law enforcement careers.

Please complete the information below to give your personal impressions of the student's ability to succeed in this program.

Student's Name: _____

Recommender's Name: _____

Recommender'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? _____

Based on your knowledge of the applicant, please rate the applicant's ability to successfully complete the Junior Deputy Program on the following criteria:

	Below Average	Average	Above Average	Excellent
Leadership				
Initiative				
Motivation				
Adaptability				
Interpersonal Skills				
Verbal Communication				
Written Communication				
Follows Directions				
Integrity				
Honesty				
Ethics				

Please use the space below to write any additional comments you believe would assist the Selection Committee in evaluating this applicant: _____

Please indicate the strength of your overall endorsement of the applicant for the Junior Deputy Program:

- Highly Recommend
 Recommended
 Recommended with Some Reservations
 Do not Recommend
 Unable to Observe

NOTE: The letter of recommendation must be returned must be returned to the applicant in a sealed envelope with your signature over the seal.

Signature/Date _____