



# WILLOWBROOK POLICE DEPARTMENT

## INTERNSHIP APPLICATION



Name (Last, First, Middle)		List any other names used (Maiden Names, etc)		
Home Address		Home Telephone		
Age	Date of Birth	Sex	Drivers License Number	Social Security Number
College Attending & Address		Field of Study/Year		
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____				
Have you ever been convicted of any offense other than minor traffic citations? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____				
Have you ever been the victim of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____				
Was this reported to the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>References:</b> Supply three adults who are not related to you and have known you for at least three years:				
Name _____ Address _____				
Home Phone _____ Work Phone _____ Years Known _____				
Name _____ Address _____				
Home Phone _____ Work Phone _____ Years Known _____				
Name _____ Address _____				
Home Phone _____ Work Phone _____ Years Known _____				

**Please state why you wish to participate in the Internship Program**

I hereby certify by my signature that the information contained herein is truthful and there are no willful misrepresentations or falsifications in this application, and all answers are true and correct to the best of my knowledge.

By submitting this application to participate in the Willowbrook Police Internship Program, I understand that the Willowbrook Police Department will conduct a background check to ensure I have no convictions that would make me ineligible to participate in this program.

---

**Signature**

---

Date

**Internal Use Only**

**Date received:** \_\_\_\_\_ **Interview Scheduled For:** \_\_\_\_\_

**Letter from College/University Received:**

**Scheduled Starting Date:** \_\_\_\_\_ **Scheduled Ending date:** \_\_\_\_\_

**Scheduled Ending date:**

Approved

Not Approyed

## **Internship Program Coordinator**

---

Date

# WILLOWBROOK POLICE DEPARTMENT INTERNSHIP PROGRAM



## WAIVER OF LIABILITY

For and in consideration of the undersigned being given the opportunity to participate in the Willowbrook Police Department Internship Program and being given the opportunity to observe the operations and functions of the Willowbrook Police Department and by any and all other means of observation whatsoever, the undersigned, in order to avail him/herself of the opportunity, recognizes and assumes any and all risk pertaining thereto, and hereby releases the Village of Willowbrook, its Officials and Officers and all other personnel of the Village of Willowbrook from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his/her heirs, dependents and assigns may sustain in and about any patrol car or in any other way during the course of the operation and studies by the undersigned of the operations and functions of the Willowbrook Police Department.

In witness thereof, the undersigned has affixed his/her hand and seal at Willowbrook, Illinois.

Last Name, First Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date: \_\_\_\_\_

Internship Program Coordinator: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Chief of Police

Original to Administration

Copy to Intern