



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? ____ Yes ____ No If yes, please explain _____ _____ _____					
Have you ever been convicted of any offense other than minor traffic citations? ____ Yes ____ No _____ _____					
Have you ever been the victim of a crime? ____ Yes ____ No If yes, please explain _____ _____					
Was this reported to the Police? ____ Yes ____ No					
References: 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: _____

☐ Approved

☐ Not Apporved

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