



**CITY OF EVANSVILLE POLICE DEPARTMENT
POLICE INTERNSHIP APPLICATION**

Last Name _____ **First Name** _____

Middle Name _____ **Maiden Name** _____

Home Address _____

City, State and Zip Code _____

Home Phone Number _____ **Cell Phone Number** _____

Date of Birth _____ **Male** _____ **Female** _____

Social Security Number _____

Email address _____

Emergency Contact Name _____

Relationship _____ **Phone** _____

Name of School or University _____

Program/Major of Study _____

Professor/Instructor/Advisor Name _____

Professor/Instructor/Advisor Phone Number _____

Professor/Instructor/Advisor Email _____

Intended Dates of Internship _____ **to** _____
(Approximate Start and End Date)

Statement of Intent – Please provide a short narrative explaining why you are applying for an internship with the Evansville Police Department and what your personal goals are for the internship.

Attachments:

Please attach any and all documentation from your College/University outlining the internship requirements.

APPLICANT SIGNATURE

DATE