

**Clarksville Police Department**  
**Internship Program Application**

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

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_(Day) \_\_\_\_\_(Evening)

Cell: \_\_\_\_\_ (Optional)      Date of Birth: \_\_\_\_\_

2. Do you have any special skills? (Example: computer, typing, etc.)

\_\_\_\_\_

\_\_\_\_\_

3. What do you feel your current physical condition is?

\_\_\_\_\_ Good      \_\_\_\_\_ Fair      \_\_\_\_\_ Poor

4. Are there any medical/physical restrictions or conditions we need to be aware of?

If so, please explain. \_\_\_\_\_

\_\_\_\_\_

5. When are you available to intern?

\_\_\_\_\_ Weekdays      Which Day(s) \_\_\_\_\_

Which hours are you available to intern?

Specific Hours: \_\_\_\_\_ Flexible: \_\_\_\_\_

Special Events: \_\_\_\_\_

Other \_\_\_\_\_