



Fairfax County Sheriff's Office Volunteer/Intern Screening Form

Name: (Last, First, MI)

Address:

City:

State:

Zip Code:

Phone - Home:

Work:

Cell:

DOB:

SSN:

Email:

Operators Licence No:

State:

Are you a U.S. citizen?

☐ No

☐ Yes

Position applied for:

Date of application:

How did you hear about this agency?

Minimum Qualifications for VOLUNTEER

Education: Must have graduated from high school or possess a GED equivalent.

Minimum Age: Must be 21 years of age at time of appointment or within 180 days of the 21st birthday at the time of application.

Citizenship: Must be a U.S. citizen at time of application.

Valid Driver's License: Must have an excellent driving record and possess a valid driver's license from your place of residence.

Vision: Uncorrected vision up to 20/200 is allowed, provided that there has been at least three months' success wearing soft contact lens. Without soft contact lenses, uncorrected vision cannot be worse than 20/100. In any case, vision must be correctable to 20/20. Must not be colorblind.

Crimes: Must not have ever committed, or been involved in, any act that would constitute a felony or serious misdemeanor.

Current employer:

Job title:

Minimum Qualifications for INTERN

Education: Must be a 2nd, 3rd or 4th year student (or in graduate program) receiving 3-9 credit hours for the internship class. Must have an overall 2.5 GPA.

Minimum Age: Must be 18 years of age at time of application.

Citizenship: Must be a U.S. citizen at time of application.

Crimes: Must not have ever committed, or been involved in, any act that would constitute a felony or serious misdemeanor.

Name of college/university:

Expected graduation date:

Class title for which you are seeking an internship:

Number of internship hours you are seeking:

Class credit hours:

Overall GPA:

Availability

Monday ☐ Morning ☐ Afternoon ☐ Evening
 Tuesday ☐ Morning ☐ Afternoon ☐ Evening
 Wednesday ☐ Morning ☐ Afternoon ☐ Evening
 Thursday ☐ Morning ☐ Afternoon ☐ Evening
 Friday ☐ Morning ☐ Afternoon ☐ Evening
 Saturday ☐ Morning ☐ Afternoon ☐ Evening
 Sunday ☐ Morning ☐ Afternoon ☐ Evening

Skills

☐ Accounting ☐ Data entry ☐ Writing
☐ Coordinating projects ☐ Graphic arts ☐ Web design
☐ Other - Please list:

References: Please list two people other than relatives who would be willing to serve as personal references.

1. Last name First name Relationship
 Address City State Zip
 Home phone Work phone Mobile phone

2. Last name First name Relationship
 Address City State Zip
 Home phone Work phone Mobile phone

Do you have a high school diploma or GED? ☐ No ☐ Yes

Do you speak or write in the English language? ☐ No ☐ Yes

Have you ever served in the military? ☐ No ☐ Yes

Have you applied with any other law enforcement agencies?
 If yes, list agencies on page 4. ☐ No ☐ Yes

Have you ever taken a polygraph examination? If yes, list on page 4. ☐ No ☐ Yes

Do you have any previous law enforcement experience?
 If yes, list on page 4. ☐ No ☐ Yes

Have you ever been disciplined for any reason in your current or past jobs?
 If yes, list on page 4. ☐ No ☐ Yes

Have you ever been licensed to drive in a state(s) other than Virginia? If yes, list on page 4 **AND you must submit a driving transcript from that state(s).** ☐ No ☐ Yes

Has your license or privilege to drive ever been suspended, revoked or restricted?
 If yes, explain on page 4. ☐ No ☐ Yes

How many traffic summonses/tickets/charges have you ever received?
 Include moving/accident/traffic charges. Do NOT include parking tickets.

Total number:

List all traffic charges below. If more space is necessary, use page 4.

Date	City/State	Charge	Disposition

Have you ever been charged with, or convicted of, the following?

Reckless driving or improper driving: ☐ No ☐ Yes

Driving under the influence: ☐ No ☐ Yes

Leaving the scene of an accident: ☐ No ☐ Yes

Driving on a suspended or revoked operator or commercial drivers license: ☐ No ☐ Yes

Have you ever been arrested or investigated for elder abuse, child abuse or any other domestic violence related incidents or for violating a civil protective order? ☐ No ☐ Yes
If yes, explain in detail on page 4.

Have you ever been charged with any criminal offense as a juvenile or adult, regardless of the disposition? ☐ No ☐ Yes

List all criminal offenses below. If more space is necessary, use page 4.

Date	City/State	Charge	Disposition

Please answer NO or YES to the following question:

Have you at any time in the past illegally used, possessed or sold any of the following drugs? Check all that apply.

DRUG	NO	YES	USED	POSSESSED	SOLD	LAST TIME (mo/yr)
Marijuana/hashish	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cocaine/crack	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hallucinogens (LSD, PCP, mushrooms)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amphetamines/barbiturates (speed, crystal meth)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anabolic steroids	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inhalants (whippits, glue, aerosols)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Synthetic/designer/club drugs (ecstasy, ice, fantasy, roofies, GHB, GBH)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opiates (heroin, opium)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other dugs: any other non-prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL INFORMATION- LIST CORRESPONDING QUESTION(S)

THE NEXT QUESTION IS VOLUNTARY. THE INFORMATION IS COLLECTED FOR STATISTICAL PURPOSES. Please check the box which describes your sex and ethnic origin. Check only one box.

- ☐ Male - White
☐ Male - Black
☐ Male - Hispanic/Latino
☐ Male - Asian/Pacific Islander
☐ Male - American Indian/Alaskan Native
☐ Female - White
☐ Female - Black
☐ Female - Hispanic/Latino
☐ Female - Asian/Pacific Islander
☐ Female - American Indian/Alaska Native

Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

"White" (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North America or the Middle East.

"Black" (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

"Hispanic/Latino": All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

"Asian or Pacific Islander": All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Island. This area includes, for example, China, India, Korea, the Philippine Islands and Samoa.

"American Indian or Alaskan Native": All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

I authorize the Fairfax County Sheriff's Office to conduct a criminal background check.

☐ no ☐ yes

I authorize the Fairfax County Sheriff's Office to conduct a driving record check.

☐ no ☐ yes

All information given on this statement will be investigated, and any inaccurate, untruthful or misleading answer(s) will be cause for disqualification. Your signature below acknowledges that you understand the above statement and the information you supplied is accurate and complete to the best of your knowledge.

Applicant's Signature: _____

Date: _____

Print and mail this form to:

Volunteer/Internship Program Coordinator

Fairfax County Sheriff's Office

4110 Chain Bridge Road, Suite 101

Fairfax, VA 22030