



ROANOKE COUNTY POLICE DEPARTMENT

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Roanoke, Virginia 24019
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Internship Application Form

R. M. Poindexter
Chief of Police

The Student Internship Program is designed to allow students to gain a realistic view of law enforcement. This includes hands-on experience in both the administrative and operational components of the Roanoke County Police Department. It is our hope that the insight gained by participating in this program will be both informative and enjoyable. The following information is required to begin the application process.

Please Print Clearly

Name: _____
Last _____ First _____ Middle _____

Date of birth: _____ Social Security Number: _____

Operator's License State: _____ Operator's License Number: _____

Address: _____

Telephone Number: Home: _____ Other: _____

Email Address: _____

Name of School Attending: _____

Major or Program: _____

Name of Internship Coordinator or Instructor: _____

Emergency Contact Information: Name: _____

Relationship: _____ Telephone: _____

Address: _____

Do you have any medical conditions that might affect your ability to participate in the Program?

Yes _____ No _____ If yes, please explain: _____

