

### **ABOUT OUR OFFICE**

The Office of the Fulton
County District Attorney is
the largest and busiest
prosecutor's office in the
state of Georgia. The
office is led by Fani T.
Willis, the first woman
District Attorney for
Fulton County.

### STUDENT INTERNSHIP OR VOLUNTEER (UNPAID) ACCEPTING APPLICATIONS

- Complete Application
- Cover Letter
- Resume
- Official Transcript
- 1 Letter of Recommendation
- 2nd and 3rd year lawstudents will be expected toprovide a writing sample

Send Information in PDF format to: intern.fcda@fultoncountyga.gov



# THE OFFICE OF THE FULTON COUNTY DISTRICT ATTORNEY FANI T. WILLIS

### **INTERNSHIP & STUDENT VOLUNTEER APPLICATION**

Please attach a resume, cover letter, a letter of recommendation, and a writing sample for  $2^{nd}$  and  $3^{rd}$  year students.

Name:	Date:			
Law School / College or University:  Anticipated year of graduation:				
Select your classiication at the time of internship:				
1L2L3L4L (for part-time	e students) [ ] Student Volunteer			
Division of Interest (Please list from 1 to 5 with 1 being the preferred placement)				
Cold & Capitol Cases Major Case	Gangs	White Collar		
Civil Forfeiture Appeals	Special Victims Division	Trial Division		
Please answer briefly in the space provided why you are interest.  Use size 10 font & not to exceed 400 words.	ested in interning with the Fulton Co	unty District Attorney's Office:		



## THE OFFICE OF THE FULTON COUNTY DISTRICT ATTORNEY FANI T. WILLIS

### INTERN CONFIDENTIALITY AGREEMENT

In performing my assigned duties and responsibilities within the Office of the Fulton County District Attorney, I understand that maintaining confidentiality is critical to the mission of this Office. As an intern, I will adhere to this policy at all times.

During my internship I understand that I may have access to personal and confidential information regarding case information, victims, defendants, and investigations. I also understand that access to and knowledge of information that is deemed confidential is to be used only for intended purposes at work.

I understand that confidential information includes, but is not limited to, names, nicknames, birthdates, affiliations, actions, omissions, statements, medical, family, financial, social, behavioral, or other personal or private information. Additionally, confidential information includes, but is not limited to, recordings, files, reports, methods, plans, documents, data, drawings, manuals, notebooks, records, and photographs.

Confidential information includes any information NOT generally known or available to lay persons and that is available during employment with the Office of the Fulton County District Attorney.

I understand that I am responsible for information that is disclosed to me and I must maintain confidentiality to protect sensitive information from improper release. If I have questions about communicating information to others (including other employees within the Department), I will ask my supervisor prior to providing any information.

By signing and reading this agreement, I understand that I am prohibited from disclosing confidential information in any form of communication with any unauthorized individual or entity. Such communication includes, but is not limited to, e-mail, text messages, fax, or other written correspondences, and any other type of verbal communication.

I understand that violation of this agreement is deemed to be employee misconduct and subjects me to disciplinary action, up to and including dismissal.

Employee's Signature
Employee's Name (printed)
Date



# THE OFFICE OF THE FULTON COUNTY DISTRICT ATTORNEY FANI T. WILLIS

#### INTERNSHIP & STUDENT VOLUNTEER CONSENT TO CRIMINAL BACKGROUND CHECK

Date of Birth Social Security Number				
Name  Date of Birth Social Security Number  Sex Race  Does not consent to background check  Sign	l,	, co	nsent to a criminal back	ground check by the
Date of Birth  Social Security Number  Race  Does not consent to background check  Sign	Fulton County District Attorney	's Office for the purpose of an ir	nternship.	,
Date of Birth  Social Security Number  Race  Does not consent to background check  Sign				
Date of Birth  Social Security Number  Race  Does not consent to background check  Sign				
Sex Race  Does not consent to background check  Sign	Name			
Sex Race  Does not consent to background check  Sign				
Does not consent to background check  Sign	Date of Birth	Social Security Number		
Does not consent to background check  Sign				
Sign	Sex	Race		
Sign				
Sign				
Sign				
	Does not consent to backg	round check		
Print	Sign			
Print				
	Print			

Date