



Fulton County Marshal's Department

2024 Junior Deputy Program

July 8-12, 2024

We are now accepting applications for our Junior Deputy Program. This program is designed to build superior character, form leadership skills, promote good citizenship, develop mutual understanding and possibly interest participants in law enforcement careers.

If you know of any youth between the ages of 12-16 that meet the criteria listed below please have them submit an application by the close of business Friday June 28, 2024.

1. Applicant must attend a Fulton County School, be a Fulton County resident or have a family member that is an employee of Fulton County.
2. Applicant must be of good moral character with no arrest or conviction record for serious offenses, including crimes specifically applied to juveniles; any criminal arrest or detainment may be grounds for rejection of the applicant.
3. Applicant must complete a one page essay; the topic is included in the application.

For an application email Mekeal.hadley@fultoncountyga.gov
For additional information please contact Sgt. M. Hadley at 404-612-4462 or Capt. Jones at 404-612- 4147.



Fulton County Marshal's Department

Application for Junior Deputy Program

(To Be Completed By Parent/Guardian)

Applicant's Information

- Resident of Fulton County
- Related to Fulton County Employee
- Attend a School in Fulton County

Name: _____

Address: _____ City & Zip code: _____

Date of Birth: _____ Shirt Size: _____

School Name: _____ Grade: _____

Hobbies, Sports, Extra-Curricular Activities: _____

Has applicant ever been convicted of a crime or act of delinquency? _____

If yes Please explain: _____

Applicant Essay (To be completed by applicant)

The applicant must complete a one page typed or handwritten essay to be considered for the Fulton County Marshal's Junior Deputy Program. The questions answered in the essay are:

1. **What do you hope to gain from the Fulton County Marshal's Junior Deputy Program?**
2. **What is leadership to you and describe an instance where you demonstrated leadership.**

Parent/Guardian's Information

Name: _____ Email Address: _____

Address: _____ Phone number: _____

City & Zip Code: _____

Emergency Contact (Someone other than yourself)

Name: _____ Relationship: _____

Address: _____ Phone number: _____

City & Zip Code: _____

Parent/Guardian Acknowledgement

By signing, I acknowledge all information given is true and correct. I also acknowledge if the above applicant is accepted into the Junior Deputy Program, I will be required to sign the "*Release and Waiver of Liability and Indemnity Agreement*" Form and the "*Junior Deputy Program Policy Receipt*" Form.

Signature _____ Date: _____

Marshal's Signature _____

- Approved
- Denied; Reason for Denial: _____