



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: _____