



COMMUNITY ADVANCING PUBLIC SAFETY

# Intern Application

Volunteer Services  
705 S. Nevada Avenue  
Colorado Springs, CO 80903

**Students must be at least 18 years or older to submit an application**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ MR MRS MS MISS  
(Last Name as printed on an official identification)

Nickname(s): \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Married Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Lot: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Former Military  Yes  No

Describe your duties on your current or most recent job:

List special skills, training, medical training, foreign languages, or computer skills you possess:

Please list any previous or present volunteer experiences:

**PLEASE COMPLETE THE OTHER SIDE**





Are you actively seeking employment?  Yes  No

Are you seeking an unpaid internship\*?  Yes  No  
(\*must be enrolled in a college program to qualify)

If yes, please state college name and degree program:

College Name and State \_\_\_\_\_

College Degree Program \_\_\_\_\_

Name and Phone number of Faculty Advisor \_\_\_\_\_

Number of hours requested in internship \_\_\_\_\_

Timeframe for Internship:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Planned Graduation Date: \_\_\_\_\_

In case of emergency, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

It is CAPS procedure to perform background checks on all applicants due to the nature and sensitivity of the work. Additionally, the successful completion of a polygraph examination is a qualification to work in certain units or programs as assigned.

**NOTE:** Applicants may not have used any drugs to include recreational marijuana and/or medical marijuana in the past 18 months. You also can not have used any illegal drug within the past 3 years (including LSD, heroin, cocaine, PCP, mushrooms/Psilocybin, amphetamines, inhalants, steroids, etc.) By submitting this application, you are agreeing to the above screening procedures, and to adhere to the policies and procedures of CAPS and the City of Colorado Springs which include the confidentiality of information.

Thank you for your application. CAPS will contact you directly for additional personal information necessary to complete this process.

The Official Volunteer Program  
Colorado Springs Police and Fire Departments  
Office of Emergency Management

