



Greece Police Department
Town of Greece, New York

CHIEF OF POLICE
Andrew P. Forsythe

6 VINCE TOFANY BOULEVARD, GREECE, NEW YORK 14612 – TELEPHONE (585) 865-9200

Intern Application

Name: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Telephone #: _____

E-Mail Address: _____

School: _____ Grade: _____

Professor/Teacher Overseeing Internship: _____

Contact #: _____ Number of hours required for internship: _____

Have you ever been arrested or charged with a crime: Yes No

If yes, explain: _____

Do you have a valid driver's license: Yes No Driver's License #: _____

Are you now or have you ever been the subject of a criminal investigation? Yes No

If yes, explain: _____

I authorize members of the Greece Police Department to investigate my background and authorize the release of any information, records, or documents related to that investigation whether the said records are public, private or confidential in nature.

Signature: _____ **Date:** _____

Completed form must be signed and returned to the Greece Police Department Community Services Unit by the following:

1. Scan completed and signed form and email to gpdcommunityservices@greecenyny.gov
2. Print completed and signed form and mail to Greece Police Department, Attn: CSU, 6 Vince Tofany Boulevard, Rochester NY 14612
3. Drop off completed and signed form to the Greece Police Department Headquarters (Mon-Fri 9:00am-5:00pm), 6 Vince Tofany Boulevard, Rochester NY 14612

Protect

Lead

Empower

The Town of Greece is an Equal Opportunity Employer