



Greece Police Department
Town of Greece, New York

CHIEF OF POLICE
Andrew P. Forsythe

6 VINCE TOFANY BOULEVARD, GREECE, NEW YORK - TELEPHONE (595)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 NYS 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;

1. Sign form, Scan and email to gpdcommunityservices@greeceny.gov
2. Print form, sign, and mail to Greece Police Department, Attn: CSU, 500 Maiden Lane, Rochester, NY 14616
3. Complete form, sign and drop off at Precinct# 2 (Mon. thru Fri. 9 – 5), 500 Maiden Lane, Rochester, NY 14616