

## **Internship Application Package Completion Instructions**

**Download this file to your computer prior to completing the forms. On the following pages you will find:**

- **Application for Internship**
- **Police Internship Guidelines**
- **Authorization for Release of Personal Information**
- **Field Placement Agreement**
- **Ride Along Agreement**
- **Ride Along Agreement Guidelines and Restrictions for All Participants**

**Gray blocks on the forms represent information that can be filled in by using the keyboard of your computer. You can click on the gray blocks to enter information, or use the TAB key to move from one gray box to the next.**

**Some forms require signatures and notarization. Fill out as much information as possible using your keyboard, print out the forms, sign the forms where required and have the correct form notarized.**



Have you ever been arrested, charged or convicted for a criminal offense?      Yes:              No:

If yes, for what and when?

Have you ever served in the US      Yes:              No:              Branch: \_\_\_\_\_  
Military Services?

Dates From: \_\_\_\_\_      To: \_\_\_\_\_      Duty Station: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_      Type of Discharge: \_\_\_\_\_

If you are selected to be an intern, you may be required to work nights and/or weekends. Would that be problem, if so, explain.

What days and times will you be able to work the internship?

You will also be required to come before an Oral Interview Board. What day and time will you be available?

**WORK EXPERIENCE**

Employer \_\_\_\_\_      Dates - From: \_\_\_\_\_      To: \_\_\_\_\_  
Address \_\_\_\_\_      Type of Work \_\_\_\_\_  
City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_  
Supervisor Name \_\_\_\_\_      Phone: \_\_\_\_\_

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Employer \_\_\_\_\_      Dates - From: \_\_\_\_\_      To: \_\_\_\_\_  
Address \_\_\_\_\_      Type of Work \_\_\_\_\_  
City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_  
Supervisor Name \_\_\_\_\_      Phone: \_\_\_\_\_

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Employer \_\_\_\_\_      Dates - From: \_\_\_\_\_      To: \_\_\_\_\_  
Address \_\_\_\_\_      Type of Work \_\_\_\_\_  
City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_  
Supervisor Name \_\_\_\_\_      Phone: \_\_\_\_\_

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Employer \_\_\_\_\_      Dates - From: \_\_\_\_\_      To: \_\_\_\_\_  
Address \_\_\_\_\_      Type of Work \_\_\_\_\_  
City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_  
Supervisor Name \_\_\_\_\_      Phone: \_\_\_\_\_



**In one page, tell why you want to do an Internship with the Winston-Salem Police Department and why you feel you are qualified to do the Internship. You may type in the box below by clicking on the gray area.**

## **POLICE INTERNSHIP GUIDELINES**

1. All interns must be at least 18 years old at the start of the internship.
2. The internship is a self-directed learning experience designed and implemented by the Police Department under direction and coordination of the Police Department Training Coordinator.
3. Approval of an internship request is based on the following:
  - a. Application;
  - b. Written recommendation or approval of the sponsoring education institution;
  - c. Initial interview with the Police Department Training Coordinator; and
  - d. Police Department needs.
4. All interns will participate in the Police Ride-Along Program.
5. All interns are required to complete a project. The project will require a considerable amount of time.
6. The Police Department's Training Coordinator will make all necessary arrangements within the specified Police Bureaus so the intern may complete the project.
7. Interns will be required to comply with the rules and regulations of the Police Department.
8. Interns shall dress in business attire as follows - Men: Shirt and tie, slacks, dress shoes.  
Women: Dress, dress slacks or skirt, blouse, dress shoes.
9. If you are selected as an intern at the Police Department, you will have a work schedule that you are required to follow. Failing to report for duty will result in an evaluation reflecting unsatisfactory performance. This may result in the termination of your internship with the Police Department.



Winston-Salem  
Police Department

Public Safety Center  
725 N. Cherry Street  
P.O. Box 1707  
Winston-Salem, NC 27102  
Tel 336.773.7700  
Fax 336.773.7996  
www.wspd.org

Community Oriented Policing

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

### TO WHOM IT MAY CONCERN:

In order to determine my suitability for internship, I understand that the Winston-Salem Human Resources Department must make a thorough investigation of my personal records and personal background.

Therefore, I, \_\_\_\_\_, do hereby request and authorize any banks, credit bureaus, credit unions, former and present employers, educational institutions, doctors, insurance companies, government agencies, military organizations, and any other individual or agency to produce copies of any and all information to the Human Resources Director, City of Winston-Salem, North Carolina, or to his authorized agent, regarding me whether of a privileged or confidential nature.

Moreover, I release the Human Resources Director, City of Winston-Salem and/or his authorized agent, from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my internship with the City of Winston-Salem. And, I release those agents and individuals from any civil or criminal liability whatsoever for issuing the requested information.

I further waive all rights to inspection or review of any information, except information concerning my credit to the extent that access is governed by the Fair Credit Reporting Act (15 U.S.C.S. 1681 et seq.), compiled in reference to my application for internship.

I have read and fully understand the above statements.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public and Seal

\_\_\_\_\_  
Applicant Signature

My Commission Expires: \_\_\_\_\_

Authoriz.0103

... accredited by the Commission on Accreditation for Law Enforcement Agencies Inc. ...



# FIELD PLACEMENT AGREEMENT

**AGENCY:** Winston-Salem Police Department

**ADDRESS:** 725 N. Cherry Street  
Winston-Salem, NC 27102

**TELEPHONE:** 336-773-7862

The undersigned are agreed that \_\_\_\_\_ will be offered an opportunity to participate in the Winston-Salem Police Department Intern Program in Winston-Salem, North Carolina for the year of \_\_\_\_\_ for a total of \_\_\_\_\_ semester hours.

Enclosed is a waiver in which the student \_\_\_\_\_ and his parent, or guardian, have agreed to waive all rights against the Winston-Salem Police Department while the student is participating in the internship. It is understood that a University or School faculty member will retain primary responsibility for the educational direction of the student and specifications of educational objectives, as well as the issuance of grade and credits. The Winston-Salem Police Department agrees to make available to the University/School a record of times worked, training opportunities made available to the student, and any comments or information directly relating to the educational program. The direct supervisor who will be responsible for recording the information relating to the student's training and experience is \_\_\_\_\_

## Signatures

DATE: \_\_\_\_\_

\_\_\_\_\_  
Police Chief

DATE: \_\_\_\_\_

\_\_\_\_\_  
Student

DATE: \_\_\_\_\_

\_\_\_\_\_  
Agency Supervisor

DATE: \_\_\_\_\_

\_\_\_\_\_  
Faculty Supervisor

**RIDE ALONG AGREEMENT**

I, \_\_\_\_\_, a participant in the \_\_\_\_\_, for and in consideration of the opportunity to ride with and observe a law enforcement officer in the performance of his/her duties, do hereby agree as follows:

1. I hereby waive for myself, my heirs, executors, administrators or assigns, any and all claims, demands, actions or causes of action, against the City of Winston-Salem, its officers, agents and employees, of whatever kind or nature may arise in any manner by reason of injury or damage to my person or property or both while I am riding in patrol cars, observing any operation, or participating in this program in any manner.

2. I do hereby covenant and agree that I will never instigate any suit or action against the City of Winston-Salem, its officers, agents or employees, for damages or loss or injury of any kind for or on account of any damages, loss or injury to my person or property or both which may arise in any manner while I am riding in patrol cars, observing any operation or participating in this program.

3. This agreement holds harmless the City of Winston-Salem, its officers, agents and employees for any injury, including but not limited to claims for wrongful death, arising in any manner to me while participating in this program.

I have read the foregoing waiver and covenant not to sue and understand that it constitutes a formal legal document. I have also read, understand, and agree to the conditions stated on the reverse side of this form.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

Name of Participant \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company, School or Organization \_\_\_\_\_

Date \_\_\_\_\_ Day of Week \_\_\_\_\_ Time Start \_\_\_\_\_ Stop \_\_\_\_\_

Assignment \_\_\_\_\_ Officer \_\_\_\_\_

Supervisor \_\_\_\_\_

\_\_\_\_\_  
Bureau/Division/Sector Commander Approving

**RIDE ALONG AGREEMENT  
GUIDELINES AND RESTRICTIONS FOR ALL PARTICIPANTS**

1. All persons authorized to ride in police vehicles will participate only in the capacity of passenger/observer. Participants will not take part in any police action or function.
2. Participants will not operate any police vehicle, possess or handle firearms or weapons, or use any police equipment.
3. Participants must be at least eighteen (18) years of age.
4. Persons with close personal relationships with departmental personnel, such as relatives, spouses, fiancées, etc., will not be assigned to the same sector.
5. Each participant is under the direct control of the officer to which they are assigned. An officer experiencing difficulty with a participant shall immediately contact a supervisor.
6. Participants may dress in casual attire but must be neat in appearance. Blue jeans, t-shirts and tennis shoes are not acceptable.

**Please answer the following questions:**

1. Have you participated in the Winston Salem Police Departments Ride Along Program in the past.    Yes        No        If yes, when?
2. Please explain why you wish to participate in the WSPD Ride Along Program.