The internship program offered through the Winston-Salem Police Department is a non-paid learning experience. It is a program designed and offered for persons enrolled in a college or university to gain practical experience in the criminal justice system.

**Completion Instructions**

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

- Police Internship Guidelines
- Authorization for Release of Personal Information
- Consequences for Intentional Omissions or Falsification of Application Material
- Ride-Along Agreement
- Ride-Along Agreement Guidelines and Restrictions for All Participants
- Field Placement Agreement
- Intern Waiver
- Application for Internship

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 forms notarized as appropriate.
POLICE INTERNSHIP GUIDELINES

1. All interns must be at least 18 years old to enter the internship program.

2. The internship program is a non-paid learning experience. It is a program designed and offered for persons enrolled in a college or university to gain practical experience in the criminal justice system, under direction and coordination of the Police Department Staff Liaison.

3. Approval of an internship request is based on the following:
   - Application;
   - Written recommendation or approval of the sponsoring education institution;
   - Initial interview with the Police Department Staff Liaison; and
   - Police Department needs.

4. All interns will participate in the Police Ride-Along Program.

5. Should the intern’s school or Department Assignment require him or her to complete a project, the Police Department’s Staff Liaison will make all necessary arrangements within the specified Police Bureaus so the intern may complete the project.

6. Interns will be required to comply with the rules and regulations of the Police Department.
   - Interns shall primarily assist sworn and non-sworn personnel Monday-Friday 8am-5pm.
   - Interns shall not assist more than 40 hours per week.
   - Schedule may be modified for specific justified reason or duties.
   - No intern shall report to their assignment when his or her judgment or physical condition is impaired by alcohol, medication or other substances, illness or injury.
   - Interns shall report any changes in status that may affect their ability to fulfill their duties to their unit contact(s) and/or intern coordinator. This includes, but is not limited to the following:
     - Arrests and convictions
     - Involvement as a suspect in criminal investigations
     - Driver’s license, suspension or revocation

7. Interns shall dress business casual during the internship.
   Business casual for men will consist of:
   - Dress shirt or Polo type shirt
   - Dress pants, slacks or khaki
   - Dress shoe or loafer
   Business casual for women will consist of:
   - Blouse, dress shirt or polo type shirt
   - Dress skirt, slacks, or khaki pants
   - Dress shoes, flat shoes, 2 inch heels, loafers (no open toe shoes)

8. If selected as an intern at the Police Department, you will be given an assignment and a work schedule. Failing to report for duty or reporting late will result in an evaluation reflecting unsatisfactory performance. This may result in the termination of your internship with the Police Department.

_________________________  ____________________________
Signature of Understanding  Date

Rev. 01/2016
CITY OF WINSTON-SALEM
POLICE DEPARTMENT

Authorization for Release of Personal Information to Law
Enforcement Agencies for Internship Purposes

To Whom It May Concern:

I am an applicant for a position with the Winston-Salem Police Department. In order to
determine my suitability for internship, I understand that the Winston-Salem Police Department,
City of Winston-Salem, North Carolina must make a thorough investigation of my personal
records and personal background. It is in the public’s interest that all relevant information
concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _________________________, DOB, _____________, Operator’s License #
_________________, do hereby request and authorize any bank, credit union, lending or financial
institution, credit bureau, consumer report agency, retail business establishment, former and
present employer, educational institution, doctor or other health care professional including
mental health, alcohol treatment center, hospital or other repository of medical records, insurance
company, governmental agency, criminal and civil courts, certification/licensing commission,
military organization, and any other individual agency to produce and provide copies of any and
all information to the authorized agent of the Winston-Salem Police Department, City of
Winston-Salem, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Winston-Salem Police Department, City of Winston-Salem, North
Carolina and its officers, elected officials, agents and employees from any civil or criminal
liability whatsoever for seeking such requested information and for evaluating such information
as it relates to my employment with the City of Winston-Salem. I further hereby release the
issuing agency and its agents and employees, both individually and collectively, from any and all
liability for damages of whatever kind, which may at any time result because of compliance with
this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my
application for internship as allowed by law.
I hereby acknowledge that this authorization is valid for one (1) year or until the internship application or investigation process has been completed, whichever is later.

I do □ do not □ give consent for the Winston-Salem Police Department to contact my present employer prior to a conditional offer of internship being tendered. I understand that information obtained from my current employer could result in the conditional offer being rescinded.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

________________________________________
(Applicant/Officer Signature)

________________________________________
(Printed Name)

Address: __________________________________

________________________________________

Phone Number: ______________________________

STATE OF ____________________________
COUNTY OF ____________________________

Subscribed and sworn to before me this
the ______ day of ________________, 20 ___

____________________________
Notary Public and Seal

My commission expires: ____________________
NOTIFICATION OF CONSEQUENCES FOR INTENTIONAL OMISSIONS OR FALSIFICATION OF APPLICATION MATERIAL

It is the policy of the Winston-Salem Police Department to discontinue any applicant who knowingly and willfully makes a material misrepresentation or omission of any information required while in the application process for internship. If it is determined that an applicant has violated this rule, his application will be discontinued immediately and will not be eligible for re-application with the Winston-Salem Police Department.

In the event that a false statement made in the application or internship process is not discovered until after an applicant becomes an intern, disciplinary action, which may include a recommendation for termination of internship, will be administered.

By signing below, I ___________________________ acknowledge I have read and understand the above statement and certify that all information (both verbal and written) which I have supplied or will supply will be considered an official part of my application package for a position as an intern with the Winston-Salem Police Department and is true to the best of my knowledge. I understand if it is determined that I have supplied untruthful information or have failed to supply pertinent information I may become ineligible for a position with the Winston-Salem Police Department and will not be eligible for re-application.

STATE OF ______________________
COUNTY OF ______________________

Subscribed and sworn to before me, this the ______ day of ____________, 20__. 

____________________________ __________________________
Notary Public and Seal Applicant

My Commission Expires: ________________
Winston-Salem Police Department  
RIDE-ALONG AGREEMENT  

Today’s Date: _________

Name of Participant: ________________________________________________

Home Address: __________________________________________________________________________________________________

DOB: ______/_____/________  Age: ______________ Gender: M  F

Home Phone: __________________________  Cell Phone: __________________________

Work, School or Organization: ______________________________________________

Work Address: __________________________________________________________________________

Work Phone: __________________________

E-mail Address: __________________________________________________________________________

I ______________________________, in an effort for consideration of the opportunity to participate in the Winston-Salem Police Department’s Ride-Along Program, to ride and observe a law enforcement officer in the performance of his/her duties, do hereby agree as follows:

1. I hereby waive myself, my heirs, executors, administrators or assigns, any and all claims, demands, and actions or causes of action, against the City of Winston-Salem, its officers, agents and employees, of whatever kind of 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 vehicles, 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 vehicles, 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 next page of this form.

Signature of Participant: ____________________________________________  Date: ________________

Signature of Witness: ________________________________________________  Date: ________________

***FOR OFFICE USE ONLY***

Scheduled Day & Date of Ride-Along: ________________________________

Start Time: __________ Stop Time: __________

Assigned Squad: __________  Approved by: ________________________________

Sergeant: ____________________

Lieutenant: __________  Date: ________________________________

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RIDING ALONG GUIDELINES, RESTRICTIONS, AND EXPECTATIONS FOR PARTICIPANTS

Please READ each point carefully and initial next to each number indicating you understand that point. Also, please include a copy of your driver's license in order to process your request. Your paperwork will be processed in the order in which it is received.

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 department personnel, such as relatives, spouses, fiancées, etc. will not be assigned to the same district as that employee.

5. Each participant is under the 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, shorts, t-shirts, hoodies, ball caps, open-toed and/or tennis shoes are NOT acceptable. A participant in inappropriate attire may be denied their ride-along at the discretion of the on-duty supervisor and will have to reschedule.

7. Due to the 24/7 capacity and requirements of patrolling and policing, delays are possible in waiting for the assigned officer to pick up the participant from the Public Safety Center. Please know that we strive to pick up our participants AS CLOSE TO THEIR SCHEDULED START TIME as possible. If you have to wait for more than 30 minutes after your scheduled start time for your ride-along to begin, you may ask to stay later than the scheduled end time and same will be approved at the discretion of the on-duty supervisor.

Have you ever participated in the WSPD Ride-Along Program in the past? YES NO

If so, when?

Please indicate when you would PREFER to participate in your ride-along. Note that this is NOT guaranteed, only a guideline for the office personnel who will schedule you to go by.

MON TUES WED THURS FRI SAT SUN AM Afternoon PM

Briefly explain why you would like to participate in the WSPD Ride-Along program:
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 Internship 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 said 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 responsible for recording the information relating to the student's training and experience is ________________________.

Signatures

_________________________________________  _______________________  
Chief of Police  Date
_________________________________________  _______________________  
Student  Date
_________________________________________  _______________________  
WSPD Internship Coordinator  Date
_________________________________________  _______________________  
Faculty Supervisor  Date

Rev. 01/2016
This Intern Waiver (hereinafter, this “Waiver”), entered into this _____ day of ______________, 20 ___, by ________________________________, an Individual (hereinafter “Intern”) who resides at _________________________________.

I. Scope of Services. The Intern shall provide the following services to the Winston-Salem Police Department through an Internship: clerical and administrative duties.

II. Intern Status. The Intern shall perform the Services without compensation and shall not be considered an employee, agent, or representative of the City. The Intern understands and agrees that he is not entitled to employee benefits of any kind, including, but not limited to, unemployment, workers’ compensation or retirement benefits.

III. Waiver of Liability. Intern is aware of the risks involved in the activity described above and understands that such activity may lead to serious bodily harm or even death. Intern herby accepts and assumes these risks and herby agrees to release the City of Winston-Salem, its officers, employees and agents from any claim for damages whatsoever that may arise out of any and all injuries sustained in the performance of the above described activity.

IV. Termination. The Intern’s services may be terminated at any time by either party.

V. Successors and Assigns. The Intern and the Intern’s successors, executors, administrators and legal representatives are hereby bound to the term of this Waiver.
VI. Amendment or Modification. The Intern’s status as an Intern cannot be amended or modified except by another written document duly executed by the City and the Intern.

IN WITNESS WHEREOF, the Intern has executed this Waiver on the day and year first above written.

INTERN:

___________________________

Printed Name: ________________
Date: _______________________

INTERN PARENT:

___________________________

Printed Name: ________________
Date: _______________________

Sworn to and subscribed before me
the ______ day of ________, 20____.

____________________________
Notary Public
My Commission Expires:

___________________________

INTERN PARENT:

___________________________

Printed Name: ________________
Date: _______________________

Sworn to and subscribed before me
the ______ day of ________, 20____.

____________________________
Notary Public
My Commission Expires:

___________________________
APPLICATION FOR INTERNSHIP
WINSTON-SALEM POLICE DEPARTMENT

GENERAL INSTRUCTIONS: Answer EVERY QUESTION. If a question does not apply, answer with N/A (not applicable). If there is insufficient space, use a separate sheet of paper and mark it with the number of the referenced block, and date and sign each sheet. DO NOT MISREPRESENT OR OMIT a requested fact since the statements made herein are subject to verification by a background investigation to determine your qualifications for participation in the WSPD Internship Program.

Personal History

Name: ___________________________ Date: ________________

Last First Middle

Home Address: ____________________________________________

City: ____________________ State: _______ Zip Code ____________

Telephone Number: ____________________ ☐ Cell ☐ Home ☐ Work

E-mail Address: ____________________________

*The following information will be used for the purpose of completing an accurate background check and serves no other purpose.

*SSN: ____________________ *Drivers License #: ____________________ *State:_______

*Race/Sex: ____________________ *Date of Birth: ________________

Have you ever been arrested, charged or convicted for a criminal offense after the age of 16?

Yes _______ No _______

If yes, for what and when?

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School Information

School Attending: ________________________________

School Address: ________________________________

City: ____________________ State: _______ Zip Code ________

Telephone Number: ____________________

Major: ______________________________

Second Major/Minor: ______________________________

GPA in Major: __________ GPA Overall: __________

Department Head: ______________________________

Telephone Number: ________________ E-mail Address: ____________________

School Intern Supervisor: ______________________________

Telephone Number: ________________ E-mail Address: ____________________

Projected Date of Graduation: ________________

Have you completed or participated in an internship before? Yes No

If yes, where, who was your supervisor, and what did you do?

What are your plans after graduation?
What are the dates you wish to start and finish your internship?
From: ________________  To: ________________

How many credit hours will you receive?  ________________

If you are selected to be an intern, you may be required to work nights and/or weekends. Would this be a problem?  Yes  No  If so, explain

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

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

Have you ever served in the United States Military?  
Yes  No

Branch: ______________________________

Dates From: __________  To: __________  Duty Station: ______________________________

Date of Discharge: ______________________________  Type of Discharge: ______________________________

Have you ever received a Court Martial?  
Yes  No

If yes, explain charge, reason, date, disciplinary action

Have you ever received an Article 15?  
Yes  No

If yes, explain charge, reason, date, disciplinary action

While in the military, did you ever receive any verbal or written reprimand(s)?  
Yes  No

If yes, explain (Year, Reason, Action taken, Punishment):

NOTE: If you are currently or have served in the military and answered YES to the question above, Please report this in the Employment History Section, regardless of when you served.
Employment History

Begin with your most recent job and list your work history, including part-time, temporary, or seasonal employment, and all periods of unemployment. NOTE: If you need additional pages, make copies of blank employment history pages ahead of time.

Prior Employer: __________________________ Work Phone: ______________________
Address: ____________________________
Starting Date _______ Ending Date _______
Position ___________________________
Why did you leave?

Did you voluntarily resign or retire, or were you fired or forced to resign?

Immediate Supervisor __________________________ Telephone Number: ______________________
E-mail Address __________________________

Prior Employer: __________________________ Work Phone: ______________________
Address: ____________________________
Starting Date _______ Ending Date _______
Position ___________________________
Why did you leave?

Did you voluntarily resign or retire, or were you fired or forced to resign?

Immediate Supervisor __________________________ Telephone Number: ______________________
E-mail Address __________________________
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<td>Address:</td>
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<td>Name</td>
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In one page, tell why you want to participate in the WSPD Internship Program and why you feel you should be selected. You may type in the box below by clicking on the gray area.