



Winston-Salem Police Department

Winston-Salem, North Carolina

An Internationally Accredited Law Enforcement Agency



Internship Application Package

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



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: _____

**WINSTON-SALEM POLICE DEPARTMENT
WINSTON-SALEM, NORTH CAROLINA**



**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: _____

RIDE-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

NORTH CAROLINA)
)
FORSYTH COUNTY)

INTERN WAIVER

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 hereby accepts and assumes these risks and hereby 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:

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?

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 _____

Employment History Continued

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 _____

CHARACTER REFERENCES

(List 3 references other than relatives; that know you well. Do not repeat names of supervisors.)

Name: _____

Nature of Relationship (personal, professional): _____

Address: _____
Street State Zip

Telephone Number: _____
Home Work Cell

E-mail Address _____

Name: _____

Nature of Relationship (personal, professional): _____

Address: _____
Street State Zip

Telephone Number: _____
Home Work Cell

E-mail Address: _____

Name: _____

Nature of Relationship (personal, professional): _____

Address: _____
Street State Zip

Telephone Number: _____
Home Work Cell

E-mail Address: _____

Name: _____

Nature of Relationship (personal, professional): _____

Address: _____
Street State Zip

Telephone Number: _____
Home Work Cell

E-mail Address: _____

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.