



### Coppin State University Police Department Internship Program

|   |   |                            |                   |                    |
|---|---|----------------------------|-------------------|--------------------|
| Name  |   | Last                       | First             | Middle             |
| Address   |   | City                       | Zip Code          | Email              |
| "   | # | V                          | Date of Birth     | Driver's License # |
| U.S. Citizen (circle one)<br>Yes No   |   | Student I.D.#              | Social Security # |                    |
| Work Experience   |   |                            |                   |                    |
| Employed Full-time  |   | Employed Part-time         | Unemployed        | Retired Student    |
| Current/Previous Employer   |   |                            |                   |                    |
| Address   |   | City                       | Zip Code          |                    |
| Work Phone  |   | Job Title                  | Supervisor        |                    |
| Prior Volunteer Experience  |   |                            |                   |                    |
| Hobbies, Personal Interests   |   |                            |                   |                    |
| Special Skills & Training   |   |                            |                   |                    |
| Language Spoken (other than English)  |   |                            |                   |                    |
| High School Graduate<br>Yes No  |   | College Graduate<br>Yes No | College Major     |                    |
| <p>(Please note that any person with any Felony conviction, any Domestic Violence conviction or any person currently on Probation will automatically disqualify from this position.)<br/>           Have you ever been arrested, convicted, and/or placed on probation for any criminal offense as a juvenile or adult?<br/>           Yes No</p> |   |                            |                   |                    |
| If you checked Yes, you will not automatically be disqualified, but you are required to provide the following information:  |   |                            |                   |                    |
| Offense:  |   | Arrest Date:               | Convicted: Yes No |                    |
| Offense:  |   | Arrest Date:               | Convicted: Yes No |                    |
| Emergency Contact Information   |   |                            |                   |                    |
| Name  |   |                            |                   |                    |
| Address   |   |                            |                   |                    |

|  |  |                         |
|--|--|-------------------------|
| Home Phone   | Cell Phone                                 | Relationship            |
| <b>If you are applying for an internship, please complete the following:</b>   |  |                         |
| How many intern hours must complete?   | Intern Start Date?                         | Intern Completion Date? |
| Program or College:  | Instructor or Intern Administrator's Name: | Phone Number:           |
| Special projects or assignment required to complete Internship:  |  |                         |
| <b>The CSUPD Internship Program is under no obligation to accept all interested Volunteers</b>   |  |                         |
| <p>The requirements for this position include:</p> <ul style="list-style-type: none"> <li>• Must be 18 years or older</li> <li>• Must pass an extensive Background Investigation</li> <li>• Must perform specific duties</li> <li>• Must work within a police facility, or work for a police unit.</li> <li>• Work according to a set schedule (minimum 12 hours per month)</li> <li>• Be evaluated and supervised by Department personnel</li> <li>• Fulltime college student enrolled in an internship program.</li> </ul> |  |                         |
| <p>I certify that all statements made in this application are true and authorization is given to investigate all matters contained therein. Any false Statement or intentional misrepresentation will be cause for disqualification or immediate dismissal from the VOLT Program at any time during the period of my placement.</p>  |  |                         |
| <p><b>Signature of Applicant:</b> _____ <b>Date:</b> _____</p>   |  |                         |
| <p><b>Office (410) 951-3900 FAX (410) 951-6997</b></p>   |  |                         |
| <p>Completed application should be returned to:<br/> <b>Coppin State University Police Internship Program</b><br/> <b>2500 W. North Ave, Physical Education Complex room 272, Baltimore, MD 21216</b></p>  |  |                         |
| <p>Applications may also be emailed to <a href="mailto:aboddie@coppin.edu">aboddie@coppin.edu</a>.</p>   |  |                         |



## **Coppin State University Police Department Internship Program**

### **Intern Program Mission Statement**

It is the mission of the Coppin State University Police Intern Program to educate and involve students in police operations, to interest them in possible law enforcement careers, to build mutual understanding between the student's population and the police department, and to develop interns as well- rounded, law abiding individuals. The education aspect provides knowledge of law enforcement or not. The Intern Program offers the exposure and training necessary to facilitate successful entry into the law enforcement profession; furthermore, Law Enforcement Interning seeks to instill a desire in its members to demonstrate law abiding habits, attitudes and practices as contributing citizens of our community.

### **Entry into the Program**

Individuals desiring entry into the Coppin State University Police Intern Program will submit an official application and will be required to go through a criminal history and background investigation. In addition, each new Intern must participate in a selection process which may include, but is not limited to, an oral interview, reference check, criminal background investigation, and a meeting with the Intern Coordinator and/or other members of the Coppin State University Police Department. Any Intern with Criminal convictions before/ after entry into the program will be grounds for dismissal. Other criminal- activities, without conviction, before or after entry into the program, may also be grounds for dismissal, and will be judged on a case-by-case basis.

Once the application is received, and the necessary test and application process is completed, applicants' names will be placed on a hiring list in order of their eligibility. Future hiring will be done in order off of that list.

In order for a student to be admitted into, and to retain membership in the Coppin State University Police Department Internship Program, they must be enrolled as a full-time student at Coppin State University and must be able to maintain a 2.5 GPA. Interns will, at all times, conduct themselves appropriately as representatives of the law enforcement community. They will practice good moral judgment and skills and will present themselves in a professional manner. Interns accepted into the program will be provided with an overview of the Coppin State University Police Department which will include a tour of the Physical Education Complex (PEC) Building and introduction to appropriate division personnel.

### **Intern Program Duties**

A Police Intern is a college student working as a non-paid volunteer for the Coppin State University Police Department. Interns will work with commissioned police professionals who will provide supervision, training, and direction. Interns perform their duties under the general authority of the Public Safety Director at the Coppin State University Police Department.

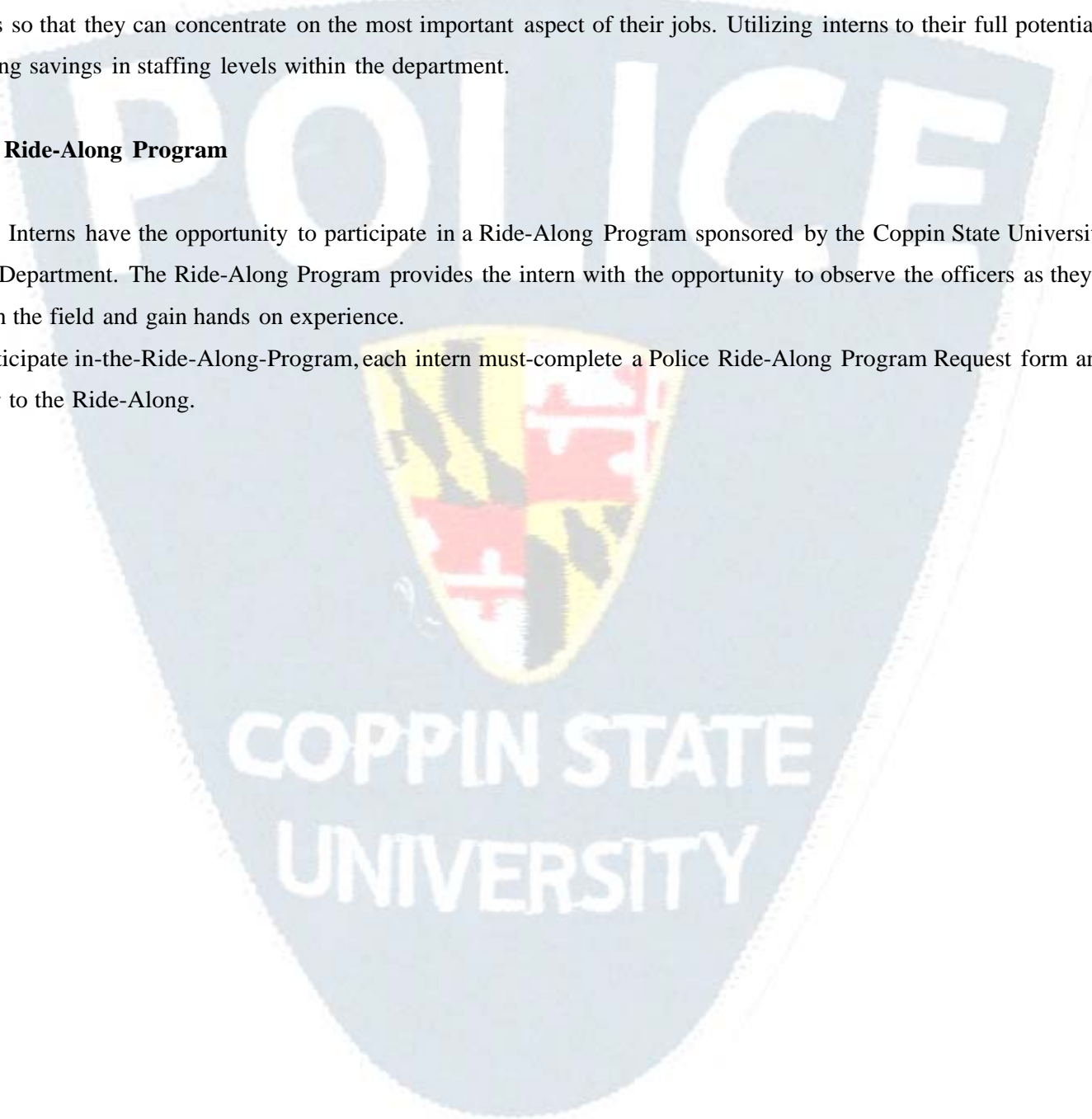
The Intern is a support person *without* regular police arrest powers. Duties may include functions normally assigned to an officer, except the responsibility for general authority to arrest criminal offenders. Duties normally assigned included traffic directions, crowd control, security at crime scenes, or investigation. Interns may also participate in foot patrol, and may also accompany a commissioned law enforcement officer, on patrol ride-along.

Although interns are not used in place of law enforcement personnel, they can supplement them. Interns can free officers so that they can concentrate on the most important aspect of their jobs. Utilizing interns to their full potential can bring savings in staffing levels within the department.

### **Intern Ride-Along Program**

Interns have the opportunity to participate in a Ride-Along Program sponsored by the Coppin State University Police Department. The Ride-Along Program provides the intern with the opportunity to observe the officers as they work in the field and gain hands on experience.

To participate in-the-Ride-Along-Program, each intern must-complete a Police Ride-Along Program Request form and Wavier to the Ride-Along.





## **Coppin State University Police Department Internship Program**

### **POLICE RIDE-A-LONG PROGRAM REQUEST FORM AND WAIVER**

I, the undersigned, hereby have voluntarily elected to ride as a passenger in a departmental vehicle of the Coppin State University Police Department, at such times and in such areas as may be approved by the Chief of Police or his designated representative. I understand that the police vehicle will be engaged in normal police patrol and law enforcement activities, some of which may be dangerous and expose passengers to risk or harm. I acknowledge this risk of harm and voluntarily accept it, hereby releasing the Coppin State University, the Coppin State University Police Department, the individual officers and employees of the Coppin State University from any liability which might result from my Participation in this program. I give permission to have my background checked for criminal history.

WHEREAS, the undersigned desires to do so at his own risk and recognizing the possible and inherent danger to his person and property resulting therefrom; and

WHEREAS, the Coppin State University and the State of Maryland does not wish to be liable for any damages arising from personal injuries and/or property damage sustained;

NOW, THEREFORE in consideration of the premises and other good and valuable consideration, the undersigned does hereby, for himself (or herself), his wife, (or husband), heirs, executor or administrator, and personal representatives:

I, assume full responsibility for any personal injury or damage to his person or property which may occur, directly, or indirectly, while in, on or about any such Police Department vehicle, the Police Department premises or any part thereof at the Coppin State University Police Department Headquarters Building or the Baltimore City Courthouse, or at any of the several District station houses of the Baltimore Police Department, or while accompanying any Coppin State University Police Officer in the performance of their duties.

2. Fully and forever release and discharge Coppin State University and the State of Maryland, its agents and employees, from any and all claims, demands, damages rights of action, or causes of action, present or future, whether the same be known, anticipated or un- anticipated, resulting from or arising out of the undersigned's being in, on or about any such Police Department vehicle, or at any or all of the premises and places aforesaid, or while accompanying any police officers of Coppin State University aforesaid:

3. Indemnify and hold harmless the Coppin State University and the State of Maryland, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such Police Department Vehicle, or at any or all of the premises and places aforesaid, or while accompanying any such police officer as aforesaid;

4. Agree to defend and to pay any costs or attorney's fees as a result of any action brought by or against Coppin State University or the State of Maryland, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicles, or at any or all of the premises and places aforesaid, or while accompanying any such police officer as aforesaid; and

5. Agree that it is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE:** Applicants under eighteen (18) years of age must have this form read and signed by their parent or guardian prior to any participation in this program. The ride-along program is generally open to persons in the Internship program or students by request only.

**PERMISSION OF PARENT OR GUARDIAN**

I, the undersigned, being the parent or guardian of \_\_\_\_\_ hereby join with him/her in requesting permission for him/her to ride in a police vehicle as aforesaid and do join with him/her in granting a release and discharge to the Coppin State University, the Coppin State University Police Department, the individual officers and employees of the Coppin State University, as set out in detail above.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE PRINT THE FOLLOWING REQUIRED INFORMATION**

Full Name of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License/I.D. Card #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Background Check: \_\_\_\_\_

Date: \_\_\_\_\_

Dispatcher's Signature

Application Approved: \_\_\_\_\_

Date: \_\_\_\_\_



## **Coppin State University Police Department Internship Program**

### **Ride-Along Rules & Regulations**

1. No person shall be allowed to ride without having submitted a signed ride-along request and waiver form. Refusal to complete this form, or false statements of any nature on same, will disqualify that person from participation in the program. The request to ride form must be turned in to the Police Department prior to the first requested date of participation.
2. Civilian ride-along will be allowed to ride no more than once every six months, without prior approval of the patrol commander.
3. Participants must obey the orders and instructions given by the officer to whom they are assigned.
4. Participants must not leave the patrol vehicle unless instructed to do so by the officer.
5. When the patrol unit is assigned to a dangerous call, the rider may be dropped off at a safe location and he/she must remain there until the officer or another police unit returns to pick him/her up.
6. The rider will provide his/her own transportation to and from the Police Department.
7. Background checks will be conducted on all applicants.
8. Ride along tours usually last four (4) hour; however, either the officer or the rider may terminate the tour at any time. The Sergeant/OIC will be advised of early termination.
9. Applicants will be notified by the Police Department after filing the written application request form. At that time, the ride will be scheduled and/or confirmed, or denied.
10. The applicant's participation is a privilege and not a right. The basic premise of the ride along program is to establish rapport with the police and learn about the functions of law enforcement.
11. Participants shall not converse with any prisoners, suspects, victims or witnesses nor shall they participate in any police activity unless directly requested by officers.
12. All participants must agree not to discuss names of persons involved in police cases or incidents. The observer will be considered a confidant of the Police Department and it is essential that all matters pertaining to evidence or statements gathered in investigations be held confidential.
13. Tape recorders and cameras will not be permitted while participating in the program, unless express permission is granted by the Operations Lieutenant.
14. By signing the waiver for the ride along participant agrees to the rules and regulations listed above.



## Coppin State University Police Department Internship Program

### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_ do hereby, authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Coppin State University Police Department, whether the said records are of public, private, or confidential nature, and regardless of whether the information released may be derogatory in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans; and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency rating, complaints or grievances filed by or against me, and salary records; real and personal property records, other financial grievances, statements and records wherever filed; records of complaint, arrest, trial and/or complaints of a civil nature made by or against, whosoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Coppin State Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information of information specifically identified herein.

I understand that any information obtained by personal history background investigation that is developed directly or indirectly, I whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Coppin State University Police Department.

I agree to indemnify and hold harmless the person who this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the source of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_