



# EAST BRUNSWICK POLICE DEPARTMENT STUDENT INTERNSHIP PROGRAM INTERNSHIP APPLICATION

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Name: \_\_\_\_\_  
*Last* *First* *Middle*

Home Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

School Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Telephone: \_\_\_\_\_  
*Home* *School* *Cell*

E-Mail: \_\_\_\_\_  
*Home* *School* *Other*

College/University: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

1) Have you ever been arrested or charged for **any** offense (including juvenile or municipal ordinance violations)? \_\_\_\_\_

If you answered "yes", explain your answer on the back of this page

2) Have you ever been convicted for **any** offense, other than traffic? \_\_\_\_\_

If you answered "yes", explain your answer on the back of this page

3) Is your license now, or has it **ever** been, suspended or revoked? \_\_\_\_\_

If you answered "yes", explain your answer on the back of this page

4) Have you **ever** been named in a temporary or final restraining order? \_\_\_\_\_

If you answered "yes", explain your answer on the back of this page

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By signing below, I am acknowledging that I have provided truthful and complete answers, and that all the information has been provided as accurately as possible:

\_\_\_\_\_  
*Signature (sign in front of EB Police Internship Coordinator)*

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

\_\_\_\_\_  
*Signature of EB Police Internship Coordinator*

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



# EAST BRUNSWICK POLICE DEPARTMENT STUDENT INTERNSHIP PROGRAM POLICY STATEMENT & RELEASE

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All student interns participating in the East Brunswick Police Department Internship Program must complete an application in full and submit a resume along with a current photograph. All participants will be subjected to a background inquiry. Applicants may be disqualified for participation in the program at the discretion of the Director of Public Safety or his designee. **A record of a criminal arrest will disqualify an applicant.**

I, \_\_\_\_\_, do hereby give the East Brunswick Police Department permission to conduct a background inquiry to determine my eligibility for participation in the internship program. This background inquiry will be to an extent as deemed necessary by the East Brunswick Police and will include, but is not limited to, a computerized criminal history check, a driver's license history check, and a check with the applicant's local police department.

All applicants are advised that both criminal and/or civil liabilities may be incurred upon them for disclosing or disseminating any confidential information. During the course of a student internship with the East Brunswick Police Department, student interns may have access to confidential information the includes, but is not limited to:

1. Computerized Criminal History (CCH) Records Information
2. NCIC / SCIC – Wanted Persons / Stolen Vehicles
3. ACS / ATS – State Municipal Courts Warrant System
4. Mobile Computer Terminal Transmissions
5. Police / Fire / Medical Radio Transmissions
6. Driver's License / Vehicle Registration Information
7. Written Documents, Police Reports, Policies, Procedures, and Inter-Office Correspondences
8. Verbal Communications

**This information is strictly confidential.** Federal and state laws regulate disclosing confidential information. All student interns can be subjected to criminal prosecution and civil liability for willful violations.

By signing below, I, \_\_\_\_\_, acknowledge that I have read this policy and understand that all police related information is confidential and cannot be disclosed. I also acknowledge understanding that all police related information can subject me to criminal prosecution and civil liability.

\_\_\_\_\_  
*Signature (sign in front of EB Police Internship Coordinator)*

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

\_\_\_\_\_  
*Signature of EB Police Internship Coordinator*

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



# EAST BRUNSWICK POLICE DEPARTMENT STUDENT INTERNSHIP PROGRAM TERMS AND CONDITIONS AGREEMENT

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Read all of the items listed below. After reading each item, place your initials on the blank line next to the item, acknowledging that you understand its content:

- \_\_\_\_\_ 1) I am an adult of at least eighteen years of age.
- \_\_\_\_\_ 2) I understand that I am only an observer and I will not interfere with the officer(s) during my tour.
- \_\_\_\_\_ 3) I will not pass any information observed during my tour, which may be case sensitive.
- \_\_\_\_\_ 4) I am aware that any reports, notes, and/or reproduced information may be screened by a police officer or police supervisor before the end of the tour.
- \_\_\_\_\_ 5) Discretion will be used by the officer(s) as to the length of my tour.
- \_\_\_\_\_ 6) Proper and professional attire is required. This attire has been explained to me.
- \_\_\_\_\_ 7) At no time will I exit the patrol vehicle unless instructed by the officer(s).
- \_\_\_\_\_ 8) I am aware that for the safety of the officer(s), the public, and myself, that I will follow the directions of the officer(s) and supervisor(s).
- \_\_\_\_\_ 9) I am aware that I can be discharged from the program, at any time, with or without cause.
- \_\_\_\_\_ 10) I recognize and acknowledge that I am physically able to participate and know of no disability which would prevent my participation.
- \_\_\_\_\_ 11) I recognize and acknowledge that while touring with an East Brunswick Police Officer, or East Brunswick Township employee, there is the unfortunate but real risk of being injured, or being a victim of violent crime. As such, I will follow instructions at all times.

In full awareness of the above, and in consideration of my participation in the observance with police officer while on tour, I waive, release, and discharge any and all claims for death, personal injury, emotional stress, or property damage against the Township of East Brunswick, East Brunswick Police, its officers, agents, and employees from any claim or loss for death, bodily injury, emotional stress, or property damage arising in any manner out of the application process or my presence or activities in the course of my participation during this observation tour of the internship / ride along program.

Furthermore, the undersigned acknowledges that the risks outlined above are not intended to be all-inclusive and voluntarily accepts all risks known and unknown. It is further understood and agreed that this waiver, release, indemnity, and assumption of risk is to be binding on my heirs and assignees.

**By signing below, I agree to the above terms and conditions set forth by the East Brunswick Police Department.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
*(To be witnessed by the EB Police Internship Coordinator)*



# EAST BRUNSWICK POLICE DEPARTMENT

## INTERNSHIP PROGRAM

### PARTICIPATION WAIVER & RELEASE

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#### PARTICIPATION, RELEASE, WAIVER & INDEMNIFICATION AGREEMENT

**Consent to Participation.** I \_\_\_\_\_ (student's name) hereby consent to attend and participate in the East Brunswick Police Department ("EBPD") Internship Program during the \_\_\_\_\_ Semester. (the "Program"). I understand that the Program is designed to allow me to participate in a variety of activities under the supervision of the East Brunswick Police Department. These include, but are not necessarily limited to, Patrol, Special Operations, Investigations, Community Policing, Communications, Municipal Court, Training Facility and Administration. I understand that there is a "ride along" component in the Program, for educational purposes and a basic understanding of patrol operations.

I acknowledge the importance of following the directions and instructions provided by the EBPD personnel in connection with the Program, and that my failure to do so at any time during the Program can result in my being asked to leave the Program.

**Release, Waiver & Indemnification.** I, on behalf of myself, agree to release and hold harmless the Township of East Brunswick (the "Township") and the East Brunswick Police Department, their officers, agents and employees, for any and all claims, demands and causes of actions, whether known or unknown, related to participation in the Program. This release does not apply to intentional and/or willful acts of misconduct by the EBPD or any of its officers, agents or employees.

I further agree that I will defend, indemnify and hold harmless the Township and the EBPD, their officers, agents and employees any of them, against all claims, demands, and causes of action, whether or not well founded, including court costs and attorneys' fees, directly or indirectly arising from any action or other proceedings brought by or prosecuted for my benefit contrary to this release extending to all claims of every kind and nature whatsoever, whether known or unknown, and expressly waive any benefits I may have relating to the release of unknown claims.

I, the undersigned, in consideration of my participation in the Program, state that I have read this document and expressly agree that the terms and conditions of it shall apply to and be binding upon me insofar as it pertains to my participation in the Program and to any injury or damage I may sustain or cause as a result of said participation.

\_\_\_\_\_  
*Intern's Signature*

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

Print name: \_\_\_\_\_

\_\_\_\_\_  
*EBPD Internship Coordinator - Signature*

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