



Internship Program

Read all information in packet thoroughly

Ensure all forms are completed before returning to the Bloomsburg Police Department.

Included in this packet:

- Ride Along Program Guidelines
- Ride Along Attire Protocol
- Ride Along Program Application
- Memorandum of Understanding
- Waiver & Release Form
- Authority for Release of Information and Records.

INTERNSHIP PROGRAM APPLICATION

Name: _____ Age: _____ DOB: _____
(Please Print Full Name)

Address: _____

Name of School/ Employer: _____

Cell Phone: _____ Home Phone: _____

Driver's License Number _____ Expiration Date: _____

Are you currently under doctor's care? _____ Yes _____ No

Are you currently taking any medication? _____ Yes _____ No

If yes, what kind? _____

Have you ever been arrested for a misdemeanor or felony crime? _____ Yes _____ No

Have you read and understood the guidelines for the ride? _____ Yes _____ No
(Bring waiver with completed application)

Have you completed and do you understand the waiver form? _____ Yes _____ No

State the reasons you wish to participate in the Internship Program: _____

List the days and times of the week that you are available for the Internship program :

1. Day _____ Time _____ a.m. ____ p.m. ____

2. Day _____ Time _____ a.m. ____ p.m. ____

3. Day _____ Time _____ a.m. ____ p.m. ____

4. Day _____ Time _____ a.m. ____ p.m. ____

5. Day _____ Time _____ a.m. ____ p.m. ____

Applicant Signature: _____

Date: _____

APPROVED _____

REJECTED _____

Chief of Police

INTERNSHIP PROGRAM GUIDELINES

The following guidelines have been established to make the program both safe and rewarding.

1. Participants must be at least 16 years of age
2. A waiver must be signed in person at the Bloomsburg Police Department. The witnessing officer or department employee must initial forms. If under 18 years of age, a parent or guardian must sign in person.
3. A records check will be done prior to beginning the internship.
4. Proper attire is required. The candidate should dress neatly, cleanly, and conservatively.
5. Smoking or use of smokeless tobacco is prohibited
6. The shift sergeant or officer in charge may cancel an internship if inappropriate attire or actions reflect negatively in any way upon the program or department. See appropriate attire & confidentiality memorandum.
7. Participants must be prompt in reporting to the shift sergeant or officer in charge for officer and car assignment.
8. Participants are not permitted to leave the police car at anytime unless instructed to do so by assigned officer.
9. Participants are not permitted to handle any of the Department equipment except in an emergency.
10. Participants must wear their seatbelts whenever the vehicle is in motion.
11. No alcoholic beverages or drugs are to be consumed prior to internship hours. The smell of alcoholic beverages or marijuana, etc., on the breath will prohibit one from participating.
12. Cameras and recording devices will not be permitted.
13. No firearms or other weapons may be carried during internship hours.
14. Participants may terminate their ride by requesting to be returned to the station at the next convenient opportunity.
15. Officers dispatched to a dangerous call for service will immediately find a safe location and drop off participant and make appropriate arrangements to have the participant picked up.
16. Participants shall not interfere in any way with an officer's investigation of any situation. Interns are encouraged to ask questions concerning an incident after the officer has cleared the scene.
17. Participants may be called to court as a witness for any events they observe.
18. Officers have the right to return a participant to the station for inappropriate behavior. The shift sergeant or officer in charge will review the incident and determine if the internship is to be terminated or the participant reassigned to a different officer.
19. The Chief of Police has the option of limiting or canceling the Internship program as dictated by the needs of their command, such as special events or personnel shortages. Whenever possible, 24 hours notice will be given to any scheduled participants.

INTERNSHIP ATTIRE PROTOCOL

If you are preparing for a job in law enforcement, you must look the part of a professional. Participation in any Bloomsburg Police Volunteer Programs will require you to look and dress professionally. As a student in an academic environment you are graded by tests, whereas in public, the people you serve will grade you first by your appearance. While with the Bloomsburg Police, you will be viewed as a representative of the culture of policing and the Bloomsburg Police Department, an accredited law enforcement agency.

Failure to comply with the following attire protocol will result in your dismissal from the program

The following dress guidelines will be adhered to:

MEN: Clean-pressed business attire with a tie. Polished dress business type shoes will be worn with dark colored socks. Men will be neatly groomed and clean shaven. Appropriate business jacket or coat may be worn in Cold/Wet weather.

WOMEN: A business pant suit or dark dress pants and a professional business blouse may be worn with dress shoes. Hair should be neat and pulled back, make-up may be used conservatively. Appropriate business jacket or coat may be worn in Cold/Wet weather

ACT 120 CADETS may wear required class uniform.

Prohibited Attire:

- Colored hair (colors not found in nature)
- Sneakers, Boots, High Heels, or Flip Flops
- Visible Tattoos or Body Art
- Hats
- Denim Jean or Jackets
- T-Shirts or Muscle Shirts
- Shorts or cut off pants
- No socks, white socks, or colorful socks
- Multiple earrings, Nose-Rings & other visible body piercings
- Excessive Jewelry
- Gel-spiked hair
- Torn, ripped, or soiled clothing
- Excessively tight fitted clothing

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is a legal and binding agreement of understanding between the Bloomsburg Police Department and _____

who is participating in a Ride-Along, Student Internship, Volunteer or other voluntary program.

This MOU serves notice to the participant that the policing, by its very nature, may at times unintentionally subject the participant to sensitive, legal and confidential materials, incidents and conversations. The incidents that may occur during the event could be violent and offensive in nature, involve serious crimes, accident and crime scenes that may result in criminal prosecution by police or civil action by victims.

In the interest of the safety and integrity of the agency, the Town of Bloomsburg Police Department and it's officers, police practices as outlined in the Standard Operating Procedure are confidential in nature.

Participants are prohibited from discussing day- to-day protocol with members of the public, the media or others.

In addition, this MOU serves notice to participants that the participant is prohibited from taking notes, photographs, recordings, removing files, reading computer or paper files, offense, arrest, incident reports, search warrants, traffic, non-traffic tickets or parking tickets without explicit permission from police.

Participants are prohibited from speaking to the media, attorneys, suspects, witnesses, victims or peers about incident matters or police discussion that takes place while participating with the Bloomsburg Police Department.

Any report, thesis, term paper, video, Power Point or other document written or prepared by the participant will be provided to the Chief of Police for review before submitting the document to an academic instructor.

I understand the above MOU and agree to abide by the MOU:

Signed: _____ Date: _____

WAIVER & RELEASE FORM

Name: _____ Age: _____

Address: _____

Phone Number: _____

For myself and my estate, in consideration of the Town of Bloomsburg Police Department, and allowing me to participate at my request in a Ride-Along Program, Student Internship, Police-Community volunteering or other non-compulsory police event, I hereby waive, release and discharge the Bloomsburg Police Department, it's officers, the Town of Bloomsburg, Mayor, Council, Administrator and Chief of Police forever from all claims, demands, rights and causes of action of whatever kind arising from any and all known and unknown circumstances; including unforeseen death, bodily injury, damage to property and the consequences therefore resulting from my participation in said listed above or other non-compulsory program which I as a participant requested to participate in, and covenant not to sue for any said death, injuries and or damages.

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian: _____

(If under 18)

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

AUTHORIZE A DULY ACCREDITED REPRESENTATIVE OF THE TOWN OF BLOOMSBURG TO OBTAIN ANY INFORMATION RELATING TO MY ACTIVITIES FROM INDIVIDUALS, SCHOOLS, RESIDENTIAL MANAGEMENT AGENTS, EMPLOYERS, CRIMINAL JUSTICE AGENCIES, FINANCIAL OR LENDING INSTITUTIONS, CREDIT BUREAUS, CONSUMER REPORTING AGENCIES, RETAIL BUSINESS ESTABLISHMENTS, MEDICAL INSTITUTIONS, HOSPITALS OR OTHER REPOSITORIES OF MEDICAL RECORDS. THIS INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO MY ACADEMIC, RESIDENTIAL, ACHIEVEMENT, PERFORMANCE, ATTENDANCE, PERSONAL HISTORY, DISCIPLINARY, CRIMINAL HISTORY RECORD, ARREST, CONVICTION, MEDICAL PSYCHIATRIC/PSYCHOLOGICAL AND FINANCIAL AND CREDIT INFORMATION. I DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF ANY DULY ACCREDITED REPRESENTATIVE OF THE TOWN OF BLOOMSBURG REGARDLESS OF ANY AGREEMENT I MAY HAVE MADE WITH YOU PREVIOUSLY TO THE CONTRARY. I HAVE BEEN ADVISED THT THE ORIGINAL OF THIS AUTHORIZATION WILL BE PLACED ON FILE WITH THE TOWN OF BLOOMSBURG. THE AUTHORIZATION WILL EXPIRE IN FIVE (5) YEARS OR UPON THE TERMINATION OF MY AFFILIATION WITH THE TOWN OF BLOOMSBURG, WHICHEVER IS SOONER.

Print Name (Last, First, Middle): _____

Address: Street, City, State: _____

Date of Birth: _____ Social Security Number: _____

Contact Phone Number: _____

Signature: _____ Date: _____