



Highland Police Department Internship Program

**Student Information and
Application Packet**

Internship Application Process

Contact the Highland Police Department at
3315 Ridge Rd Highland, In 46322
(219) 838-3184
To get an Internship Application.

The hiring process includes the following:

- Internship Application
- Cover letter indicating your areas of interest
- Letter of recommendation from University Professor that the student applying is in good standing with his/her current scheduling
- Interview
- Background check
- Fingerprinting
- Signature of Wavier forms

INTERNSHIP PROGRAM INFORMATION

Position Title: Internships

Thank you for inquiring about our internship program. The Highland Police Department offers an unpaid college internship for students who are interested in exploring career options within law enforcement. Internships can take place in the Spring, Summer, or Fall/Winter. We generally only have one intern per semester.

In order to be considered, applicants must be enrolled in a college level program, pass a background check, and be available to work a minimum of 12 hours per week.

Letters of interest and resumes should be submitted with a completed application to:

Highland Police Department
ATTN: Internship Coordinator
3315 Ridge Rd
Highland, IN 46322

Minimum Qualifications:

- Must be 21 or older at the time of application.
- Must be currently enrolled and attending an accredited college or university, and maintain a minimum 2.5 GPA. A copy of current course registration and/or grade report must be submitted with application.
- Must be a U.S. citizen or permanent resident alien who is eligible for and has applied for citizenship.
- Must be a citizen by the time of appointment.
- Must have a driver license and an acceptable driving record.
- Must not have a felony conviction or convictions that prohibit ownership, possession, or control of a firearm.
- Must work a minimum of 12 hours a week.
- Will try to arrange college credit through your college for your time.

The internship will consist of a variety of activities and duties that include but are not limited to:

- ride along with uniformed officers
- view an autopsy
- visiting the Lake County Crime Lab or State Police Forensic Lab
- court observation day
- tours of the Lake County Jail or Juvenile Detention Center
- attend all in house police training
- observing detectives in their daily duties

Interns will be provided with one uniform polo shirt that can be worn while in the performance of their duties. Attire shall be business casual. No shorts, sweatpants, sandals, sneakers, or other "street clothing" will be allowed.

Application for Highland Police Internship

RETURN TO: Internship Program Coordinator
Highland Police Department
3315 Ridge Rd
Highland, Indiana 46322

**Attach Color
Photograph**

PLEASE INDICATE THE SEMESTER AND YEAR YOU ARE APPLYING FOR:

SPRING _____ SUMMER _____ FALL _____ YEAR _____

Have you ever participated in the Highland internship program before? Yes ___ No ___ When _____

Personal Data (Type or Print)

Name: _____
(Last) (First) (Full Middle Name)

Permanent Address: _____

(City) (State) (Zip) (Phone) (email address)

Present Address: _____

(City) (State) (Zip) (Phone) (Cell #)

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Race: _____ Gender: _____

Driver's License Number and State of Issuance: _____

Education

College/University: _____

Address: _____
(Street) (City) (State) (Zip)

Major: _____ Graduation Date: _____

Degree(s): _____

Credit Hours Needed to Complete Internship: _____

REFERENCES: LIST THREE (3) REFERENCES OTHER THAN IMMEDIATE FAMILY OR EMPLOYERS

Name: _____

Address: _____

(City) (State) (Zip) (Phone)

Name: _____

Address: _____

(City) (State) (Zip) (Phone)

Name: _____

Address: _____

(City) (State) (Zip) (Phone)

EMPLOYMENT RECORD (LIST ALL JOBS YOU HAVE HELD DURING THE LAST TEN YEARS STARTING WITH THE MOST RECENT)

Employer: _____ Phone Number: _____

Dates Employed: _____

Address: _____
City State Zip

Employer: _____ Phone Number: _____

Dates Employed: _____

Address: _____
City State Zip

Employer: _____ Phone Number: _____

Dates Employed: _____

Address: _____
City State Zip

Employer: _____ Phone Number: _____

Dates Employed: _____

Address: _____
City State Zip

Employer: _____ Phone Number: _____

Dates Employed: _____

Address: _____
City State Zip

VERIFICATION OF INFORMATION

The information requested on this application will be used for reference by those who will be considering your application for internship with the Highland Police Department. A background investigation will be conducted into your personal history. Any false, misleading or incomplete information submitted for accurate information will be grounds to disqualify you from further consideration in the application process with the Highland Police Department Internship Program. I confirm that I have read and that I understand the above and that all statements and documents presented to the Highland Police Department are true, correct, complete, and made in good faith.

Signature

Date

RIDE ALONG WAIVER

I am aware that by accompanying members of the Highland Police Department, there is a high probability that I will be exposed to hazardous situations inherent in police work. This includes, but is not limited to, high speed vehicle operations, accidents, arrests, dangerous weapons, assaults, contacts with abnormal persons, etc. I have requested to ride with officers of the Highland Police Department with full knowledge that there is a potential for bodily injury, death and damage to my property.

In consideration of being permitted to ride with the Police Department, I for myself, my personal representatives, heirs, and next-of-kin:

1. Hereby release, waive, discharge and covenant not to sue the Highland Police Department, its officials, officers, employees and representatives, heirs and next-of-kin for all loss of damage on account of injury, death, and damage to my persons and property arising out of riding with the members of the Highland Police Department.
2. Hereby agree to indemnify and save and hold harmless the Highland Police Department, its officials, officers, employees and representatives from any and all loss, liability, damage or costs they may incur, including the expenses of defending any claims arising out of my riding with the Highland Police Department.
3. Hereby assume full responsibility of risk and bodily injury, death, and property damage.
4. Hereby agree that this **Waiver of Release From Liability and Indemnity Agreement is** intended to be as broad and inclusive as permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ AND VOLUNTARY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

(Witness)

(Participant)

(Chief of Police)

(Date)

Approval Date: _____ Issue Date: _____ Effective Date: _____

Internship Program Guidelines/ Waiver

Intern Guidelines:

Police work is inherently dangerous, and there is a substantial risk of injury or death to you while participating in the program. The intern must independently decide to participate despite these risks and are responsible for the intern's own safety. This release must be signed by the intern in acknowledgment, understanding, and acceptance of these risks.

Intern Standards of Conduct:

The conduct and appearance of interns while enrolled in this program must conform to the high standards this department demonstrates on a daily basis. Questionable actions by an intern while enrolled in this program may be cause for immediate expulsion from the program. This includes conduct while away from the department.

1. All interns must read, understand, and sign a waiver of liability that releases the department and all officers, agents, and employees from injuries or losses sustained in the course of the program.
2. All interns must understand that they are in no way an agent of the Highland Police Department. They must understand that they are not police officers and have no powers of arrest. Furthermore, interns must never identify themselves as police officers nor reinforce any such assumptions made by the public
3. No intern is to carry any type of weapon especially a firearm. The possession of a concealed carry permit certification IS NOT an exception to this rule.
4. All interns must wear proper footwear, long pants, and a collared shirt. No jeans, shorts, hats, or tennis shoes will be permitted.
5. Interns MUST follow the instructions and directives of the officers they are accompanying.
6. No sketches, photographs, audio, or video recordings are to be taken by the interns.
7. The intern must keep confidential all investigations, information, and any incidents of a serious or sensitive nature. They are additionally prohibited from disclosing information to any members of the media.
8. During traffic stops an intern may exit the police vehicle but is not to leave the immediate vicinity of the patrol car and is specifically prohibited from approaching the stopped vehicle.
9. During a major crime scene the intern is to remain in the patrol car or outside of the boundary set for police personnel. This rule will remain in effect until the scene is released and/ or access is granted by the lead investigator. This is to include but is not limited to sexual assaults, death scenes, serious traffic accidents, or attempted homicides.
10. No copies of department policies, rules, memos, reports, or other sensitive materials are to be disseminated to any intern.
11. No intern is to operate any department equipment. This includes but is not limited to: vehicles, weapons or specialized weapons, testing equipment and computers (specifically the reporting system and NCIC information) unless authorized by department supervisors or internship program coordinator.
12. Interns will prominently display a provided ID card which identifies them as an intern. This card will be kept by the program officer and is only to be in the possession of the intern during their actual time with the department.

I, _____ hereby agree to these standards of conduct. I understand that police work is dangerous, and that I am responsible for my own safety. I also accept that I may be injured or killed while involved in the internship program. I agree to release the officers, agents, and employees of Town of Highland and the Highland Police Department from any and all liability for any physical, mental, or emotional injuries, stress or discomfort suffered during or as a result of my participation in this program.

Signed: _____ Date: _____

Witness: _____ Date: _____

Authorization for Release of Personal Information

The undersigned authorizes a review of and full disclosure of all records concerning myself to any agent of the Highland Police Department, or any individual or entity assigned by Highland Police Department, whether the records are of a public, private, criminal, internal or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom this release is presented. The intent of this authorization is to give my consent for full and complete disclosure of criminal records, internal investigation records, military records, records of educational and financial institutions, including academic records, records of loans and other financial statements and records wherever filed; records maintained by the National Personnel Records Center, and the United States Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me. I also waive my right to inspect and copy any records provided in response to this authorization. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, as a result of this authorization will be considered in determining my suitability or employment by the Highland Police Department. Additionally, I understand the duty of the Highland Police Department to release any information of a serious criminal nature uncovered by this investigation to the proper authorities and make other reports as may be mandated by law. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information whether from record or recollection. I further release the Highland Police Department, its agents and designees under this release, from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Signature Date

PLEASE PRINT OR TYPE

Last Name, First Name, Middle Initial _____

Current Address _____

Previous Address _____

Date of Birth _____ Social Security Number _____

Drivers License Number _____ State License Issued _____