# Rhode Island State Police
## Traffic / Planning & Research Unit

311 Danielson Pike, North Scituate, RI 02857

# Application for Internship

The internship program provides an excellent opportunity for students to learn and serve through first-hand participation in law enforcement or related careers in criminal justice. We welcome applicants who have demonstrated academic excellence. Applicants will be required to have background investigation and records checks. Applicants who are minors are required to have their parents or legal guardian sign the consent form provided on Page 7 of this packet.

Please complete all sections of the application thoroughly. Although providing the information requested is voluntary, failure to provide complete answers may affect the review and consideration of your application. Your completed application will be carefully reviewed and considered.

Please note that all internships are unpaid and subject to availability. Should a position become available you will be contacted. Your application must include all of the following in order to be considered:

- ☐ Internship Application
- ☐ Authorization for Release of Information
- ☐ Agreement to Release, Defend, Hold Harmless and Indemnify
- ☐ Current Resume
- ☐ An Unofficial Transcript
- ☐ Letter of Referral from your School
- ☐ A copy of a photo ID

The application and all of the above requested materials must be submitted together. Failure to meet any of the above mentioned requirements may prevent the review of your application. Applicants should submit the completed application to the Internship Coordinator listed below:

**Internship Coordinator**
**Rhode Island State Police**
**Traffic / Planning & Research Unit**
**311 Danielson Pike**
**North Scituate, RI 02857**

Awarding academic credit for an internship is at the discretion of your high school, college or university. However, we will assist you in providing appropriate information as requested by your school. Arrangements for credit should be made before you begin the internship.

Rhode Island State Police reserves all rights to cancel any internship position at any time.

# Application for Internship

**Rhode Island State Police**
**Traffic / Planning & Research Unit**
**311 Danielson Pike, North Scituate, RI 02857**
**Phone: (401) 444-1212 Fax: (401) 444-1013**

| Applicant | | | |
|---|---|---|---|
| **Name:** | | **Date of Birth:** | |
| **Address:** | | **City:** | |
| **State:** | **Zip:** | **E-Mail:** | **Home Phone:** |
| **Driver's License No.** | | **State Issued:** | **Cell Phone:** |

| Emergency Contact Person | | |
|---|---|---|
| **Name:** | **Relationship:** | |
| **Address:** | | |
| **City:** | **State:** | **Zip:** |
| **Home Phone:** | **Work Phone:** | **Cell Phone:** |

| Availability | | |
|---|---|---|
| **Dates you are available:** | **Beginning Date:** | **Ending Date:** |
| **Hours of availability:** | | |
| **Monday Hours:** | **Thursday Hours:** | |
| **Tuesday Hours:** | **Friday Hours:** | |
| **Wednesday Hours:** | | |

| Academic Background(list colleges/universities from which you are pursuing, or have received, a degree) | | |
|---|---|---|
| **Current College/University/High School:** | | |
| **City:** | **State:** | **GPA:** |
| **Major/Area of Study (if applicable):** | | **Rank:** |
| **Type of Degree Pursued:** | **Date Degree Expected:** | |
| **Academic Level:** ☐ **Freshman** ☐ **Sophomore** ☐ **Junior** ☐ **Senior** ☐ **Graduate** | | |
| **Faculty Advisor:** | | |
| **Name:** | | |
| **Department:** | **Phone:** | |

| Military Record | |
|---|---|
| **Have you ever served on active duty in the Armed Forces of the United States:** | |
| **Branch of Military Service:** | **Serial Number:** |
| **Dates of Service:** | **Type of Discharge:** |
| **Where Discharged:** | **Do you have a Service Disability:** |

| Citizenship | | |
|---|---|---|
| **Are you a U.S. Citizen:** | **Social Security #:** | |
| **If Naturalized, Date of Entry:** | **Place of Entry:** | |
| **Court:** | **Date:** | **Place:** |

| Background Information |
|---|
| **If you answer "YES" to any of the following questions attach an explanation to this application; include the date(s) and locations(s) of convictions(s) and the disposition(s):** |
| **Have you ever been charged with a criminal offense?** |
| **Have you ever been convicted of a felony or a misdemeanor?** |
| **Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a misdemeanor?** |
| **Have you ever had the adjudication of guilt withheld for a crime which is a felony or a misdemeanor?** |

| List skills you possess that may be helpful to you as an intern |
|---|
| |
| |
| |
| |
| |
| |
| |

| What are your career objectives? |
| --- |
| |
| |
| |
| |
| |
| |
| |
| |

The Rhode Island State Police does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the admission, access to, or employment in its programs or activities. Reasonable accommodations will be provided on request.

Applicant Signature _____ Date _____

# Rhode Island State Police
## Detective Bureau
**311 Danielson Pike, North Scituate, RI 02857**

Authorization for Release of Information

I, _____, hereby give the Rhode Island State Police and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, oral discussions with any person concerning my background. I also authorize a review and full disclosure of all records and other information concerning myself whether such records and other information are public, private, privileged or confidential. This includes records maintained by past and present employers, law Enforcement, public utility companies, state and federal agencies including but not limited to the Division of Taxation, the Internal Revenue Service, and any Health Care facility which dispenses care and treatment for social, mental or emotional difficulties.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Rhode Island State Police and its agents and anyone who gives written or oral information about me to the Rhode Island State Police from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, associations, assigns and representatives.

_____ _____
Applicant Signature Date

_____ _____
Witness Signature Date

## Agreement To Release, Defend, Hold Harmless And Indemnify

This agreement is entered into by and between the undersigned_____
(name)
of_____ City of _____, State of _____,
(address)
and the State of Rhode Island, Division of State Police (the "State").

In consideration of permission granted to me, the undersigned, by the State to accompany a sworn member (s) of the Rhode Island State Police on _____, 20____, while on patrol and carrying out the duties and responsibilities set forth in the Rhode Island General Laws and the Rules, Regulations and Policies of the Division of State Police, the undersigned, for myself, my heirs and assigns hereby waive, release and forever discharge the State, its agents, officials and employees from, and shall defend, hold harmless, and indemnify each and any of them from and against any expenses, debts, claims, demands, actions and causes of action whatsoever, including without limitation death or dismemberment or property damage which the undersigned may now or may here after have as a result of his/her riding on patrol with the Rhode Island State Police.

At the sole discretion of the Rhode Island State Police personnel, I may be required to discontinue filming activities or accompanying the Rhode Island State Police personnel because of ongoing or anticipated activities. I hereby agree to immediately comply with any decision by the Rhode Island State Police personnel to suspend filming and/or accompaniment, and recognize that such a decision may result in my being left at a particular site for subsequent pick up.

IN WITNESS WHEROF, I, the undersigned, declare full understanding of the term of this agreement on the date appearing after my signature.

_____ _____
Applicant Signature Date

_____ _____
Witness Date

Signed and sworn to me before this_____ day of _____ 20___ in the County of _____.

_____ _____
Notary My Commission Expires

## Agreement To Release, Defend, Hold Harmless And Indemnify

This agreement is entered into by and between the undersigned

_____of_____
(Applicant) (address)

City/Town of_____, State of_____

and the State of Rhode Island Division of State Police (the "State").

In consideration of permission granted to me, the undersigned, by the State to participate in a program with the Rhode Island State Police during the month(s) of _____, 20___, the undersigned hereby and forever releases and discharges the State, its agents, officials and employees from, and shall defend, hold harmless, and indemnify each and any of them from and against, any expenses, debts, claims, demands, damages, actions and causes of action whatsoever, including without limitation, any such resulting from personal injury or property damage which the undersigned may now or may hereafter have as a result of his/her participation in the volunteer program with the Rhode Island State Police during the month(s) of _____, 20_____.

IN WITNESS WHEREOF, I, the undersigned, declare full understanding of the terms of this Agreement and have executed this Agreement at the place, and day, and year appearing after my signature.

_____ _____ _____
Signature Address Date

_____ _____
Witness Date

# To be completed by minors only

This agreement is entered into by and between the undersigned

_____of_____
(Name of applicant. If a minor, name of parent or legal guardian.) (address)

City/Town of _____, State of_____ and the

State of Rhode Island, Division of State Police (the "State").

In consideration of _____participating in an
(Name of applicant)

internship program with the Rhode Island State Police during the months of

_____, 20____, I, the undersigned, for

myself, my heirs and assigns, do hereby and forever release and discharge the State, its agents, officials and employees from, and shall defend, hold harmless, and indemnify each and any of them from and against, any expenses, debts, claims, demands, damages, actions and causes of action whatsoever, including without limitation, any such resulting from personal injury or property damage which_____
(Name of applicant)

may now or may hereafter have as a result of his participation in the above referenced internship program with the Rhode Island State Police.

IN WITNESS WHEREOF, I, the undersigned, declare full understanding of the terms of this agreement and have executed this agreement at the place and day and year appearing after my signature.

_____
(Signature of applicant. If a minor, signature of parent or guardian)

_____
(Address)

_____
(Date)