



### **Application for Internship**

The Greenville Police Department recognizes the need to meet student interest in the law enforcement profession and has established a student intern program. The Deputy Chief or his designee places college students who are recommended for an internship by their college or university in a division or unit within the department that is relative to their field of study. Each semester 5 interns are accepted and applications are considered on a first come, first serve basis.

The attached application includes Civilian Volunteer Program Application, State of Confidentiality, and the Citizen Observation Program Application. Each application must be notarized and be accompanied by a Resume and two Letters of Reference (Preferably from an Employer). Applications can be submitted in person to the Greenville Police Department receptionist desk located at 500 South Greene Street, Greenville, NC 27834; scanned/emailed to [mstaffelbach@greenvillenc.gov](mailto:mstaffelbach@greenvillenc.gov); or mailed to P.O. Box 7207 Greenville, NC 27835.



**Civilian Volunteer Program Application**

Name:

Address:

Phone #:

Email Address:

Date of Birth:

Age:

Employer:

Drivers License #:

**Please indicate the days and time of day you are available**

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

**What semester do you wish to intern?**

**How many hours per month do you wish to volunteer?**

**Do you have any physical limitations that should be considered in your volunteer placement?**

**Discuss previous work experience:**

**Discuss previous volunteer experience:**

**List hobbies, interest and skills:**

**The following are volunteer needs within the Greenville Police Department. Please indicate the areas that interest you.**

**Administrative Duties**

Data Entry

Filing, Answer Phones

Staff Front Desk

Investigation Follow-Ups

**Citizens Patrol**

Citizens On Patrol (COPS)

House Checks

Traffic Control

**School Related Activities**

Drug Abuse Resistance Education (DARE) Program

After School Programs

**Provide Assistance**

Citizens Police Academy

Crime Analysts

Police Athletic League (PAL)

Special Events, Parades etc.

**Other Duties**

Staff Substations – Mall

Auxiliary Officers

Crime Prevention Programs

Fingerprinting

Police Chaplains Program

Check on Home-Bound Seniors

**How did you hear about the volunteer program?**

**In case of an emergency contact:**

Name:

Address:

Home Phone:

Work Phone:

Relationship:

**Have you ever been arrested?**

**If yes please explain:**

**List two personal references:**

Name:

Phone Number:

Name:

Phone Number:

I have attached two letters of references (preferably employers) to this application:      Yes      No

## **WAIVER**

I, \_\_\_\_\_, hereinafter referred to as a volunteer, fully understand that due to the nature of the program, the Greenville Police Department Volunteer Program, there is a chance of physical injury. I agree to release and discharge the City of Greenville, its officers, employees and agents, from any and all claims, demands, causes of action and suits, or liabilities which might arise from such participation, including acts or omissions constituting negligence. I further agree to the checking of my criminal history and driving history for the purpose of my participation in the Greenville Police Department's Volunteer Program.

Signature

Date

## Statement of Confidentiality

In the process of performing work as a volunteer for the Greenville Police Department, it is possible to come into contact with or overhear information that is of a sensitive law enforcement nature or is subject to exemption from public records laws of the State of North Carolina.

Any information viewed or overheard in the course of my work as a volunteer/intern is strictly confidential and under no circumstances should be discussed. Any disclosure of information shall be grounds for immediate dismissal. I understand that I may also be subject to criminal prosecution and or civil penalties.

I certify that I understand this statement of confidentiality and accepts its terms and conditions.

Print Name

Signature

Date

State of North Carolina, County of

Before me personally appeared \_\_\_\_\_, who states he/she executed the above instrument of their own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_ 20\_\_\_\_\_.

Identification produced:

**GREENVILLE POLICE DEPARTMENT  
Citizen Observer Program**

**ACKNOWLEDGEMENT AND  
ASSUMPTION OF ALL RISK, RELEASE,  
AND WAIVER OF LIABILITY**

**I. Citizen Observer Program Overview.**

The Citizen Observer Program is designed to allow citizens like you a “behind-the-scenes” look at the Greenville Police Department “in action” by allowing you to ride-along with Greenville Police officers. It is our hope that the insights into the line operation of the Greenville Police Department will be both informative and enjoyable for you. We want you to be aware of the conditions, circumstances, and expectations associated with your participation in the Program.

During your participation in the Citizen Observer Program, you will be assigned to ride-along with a Greenville Police officer or officers. Greenville Police officers have a difficult job to perform in providing police services and while they seek safety, they are not infallible. There are risks, both known and unanticipated, that are inherent in participating in the Citizen Observer Program. Therefore, police officers can be, and often are, assigned duties which involve danger and serious risks. Duties and responsibilities which involve emergencies or danger will not be avoided by Greenville Police officers because you are participating in the Program. The police officer or officers that you will accompany will be happy to discuss with you the duties and responsibilities of police officers. However, please be aware that a police officer’s first responsibility will be to carry out his or her assigned duties.

**II. Acknowledgement and Assumption of All Risk, Release, and Waiver of Liability.**

I, \_\_\_\_\_ (please print your full name), have requested to participate in the Greenville Police Department’s Citizen Observer Program (the “Program”). The representatives of the Greenville Police Department (“GPD”) and the City of Greenville (“City”) have informed me that there are some risks inherent with participating in the program. Accordingly, in consideration of the privilege of participating in the Program, without fee, which includes participation and involvement in GPD “ride-alongs,” and further recognizing the voluntary nature of my participation in the Program, I, intending to be legally bound, expressly acknowledge and agree to the following Acknowledgement and Assumption of All Risk, Release, and Waiver of Liability (“Agreement”):

1. I recognize that the potential for injury exists, and that participation in the Program involves both known and unanticipated risks which could result in injury or damage to myself, to my personal property, or to third parties. I understand that such risks cannot be eliminated and I freely accept and assume all of the risks existing in Program participation.

2. I agree to abide by all rules, regulations and policies set forth by the GPD and the City while I am participating in the Program.

3. If an emergency arises, I must immediately comply with any order or directive given to me by a GPD officer.

4. The duration of my ride-along will be at the discretion of the Watch Commander.

5. During my ride-along, I may use cameras or tape recorders, but only in public places.

6. I am required to present a neat and clean appearance and am not allowed to wear jeans or shorts.

7. I am not allowed to leave the patrol car at the scene of police activity, unless otherwise instructed by a GPD officer.

8. I will wear my seat belt.

9. I agree to not be under the influence of any chemical substance or alcohol during my participation in the Program.

10. I understand that this Acknowledgement and Assumption of All Risk, Release, and Waiver of Liability shall remain in effect until such time as I, or someone acting on my behalf, deliver by hand-delivery or certified mail to the **GPD Information Services Administrator**, my written notice of cancellation. I understand that, should I decline to execute this document, I **will not** be permitted to participate in the Program in any way.

**11. I hereby waive for myself, my heirs, executors, administrators, successors, or assigns, legal representatives, and any other persons who may act on my behalf, any and all rights and claims for damages, demands, and any other actions whatsoever, specifically including but not limited to any such claims which may allege negligent acts or omissions (hereinafter "Claims"), which I may have against the City or any of its employees, staff, agents, heirs, executors, administrators, representatives, successors, or assigns, legal representatives, and any other persons or entities acting on their behalf, which said Claims may arise out of my participation in the Program as well as any use by me of any equipment or facilities owned by the City which may be furnished to or used by me by the City in conjunction with and furtherance of such participation in the Program and further do hereby release, indemnify, and forever discharge the City and all of its employees, staff, agents, heirs, executors, administrators, representatives, successors, or assigns, legal representatives, and any other persons or entities acting on their behalf from all liability or responsibility for any such Claims.**

12. Should the City or person or entity acting on its behalf be required to incur attorney's fees and/or costs to defend any Claims made by me or on my behalf or to otherwise enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

13. I certify that I have adequate insurance, either personally or through my employer, to cover any injury or damage that I may cause or suffer while participating in the Program or, in the alternative, I agree to bear the costs of such injury or damage myself.

**I VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THE CITIZEN OBSERVER PROGRAM. I EXPRESSLY, KNOWINGLY, AND VOLUNTARILY ASSUME ALL OF THE RISKS (INCLUDING PROPERTY DAMAGE, SERIOUS BODILY INJURY, SCARRING, DEATH, OR OTHER DAMAGES) WHICH MAY BE INCURRED FROM, OR BE CONNECTED IN ANY MANNER WITH, MY PARTICIPATION OR INVOLVEMENT IN THE PROGRAM, AND AGREE TO HOLD THE CITY HARMLESS FOR ANY RESULTING INJURY OR DAMAGES.**

**I have had sufficient opportunity to read this entire document and understand the contents. I agree to be bound by its terms. By signing below I further acknowledge and agree that the City shall not be liable to me for any property damage, personal injuries, or death sustained by me while I am participating in the Program in any way.**

Participant's Signature:

Date:

**PLEASE COMPLETE THIS PORTION OF AGREEMENT AND SUBMIT THIS FORM TO THE GPD INFORMATION SERVICES ADMINISTRATOR FOR PROCESSING. PLEASE PRINT CLEARLY.**

**Participant's Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Email: \_\_\_\_\_  
Are you currently an applicant for employment with the Greenville Police Department? Yes No  
Requested date and time to ride (please be specific): \_\_\_\_\_

**Emergency Contact (Person to Notify in Case of Emergency):**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Email: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Records check Status: Negative History on file Initials: \_\_\_\_\_  
Computer Status: Negative History on file Initials: \_\_\_\_\_  
Application Approved: Application Denied: Initials: \_\_\_\_\_  
FOB Commander: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**TO BE COMPLETED BY WATCH COMMANDER AT TIME OF RIDE-ALONG**

Participant assigned to: \_\_\_\_\_ Date of Ride-Along: \_\_\_\_\_ Shift: \_\_\_\_\_  
Watch Commander's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_