



NEW CASTLE COUNTY POLICE

INTERNSHIP PROGRAM PROTOCOL

DIRECTIVE 45

Appendix 45-D

(REVISED APRIL 11, 2022)

NEW CASTLE COUNTY DIVISION OF POLICE
INTERNSHIP PROGRAM PROTOCOL & GUIDELINES

PURPOSE

The purpose of this policy is to establish an additional active role in the communities in which we serve through academic partnerships that align with career preparation and workforce development in the field of law enforcement. This partnership will serve as an effective recruitment tool for the Division of Police.

The internship program will:

- Expose students to the law enforcement profession, specifically a career with the New Castle County Division of Police. It will highlight the many units and departments in the Agency while illustrating and emphasizing our commitment to community service.
- Strengthen the relationship and link between work and learning experiences
- Provide the Division an opportunity to assess a student before any formal hiring process for the position of sworn police officer.
- Increase the pool of qualified applicants
- Cultivate positive, individual relations with students and pave the way for future collaborations between the Division of Police and the student's respective institution.
- Foster and continue to strengthen positive community relations

POLICY

The New Castle County Division of Police is committed to partnering with higher learning institutions to enhance the student's perspective and expose them to the career and profession of law enforcement, specifically that of a sworn police officer. Furthermore, the opportunity will expose the student intern to the various units and sections the New Castle County Police Department is comprised of. This will allow for the student intern to have a better understanding of the various career paths a sworn New Castle County Police Officer is offered.

The selected student will adhere to a standard of professionalism, have the opportunity to interact with officers assigned to the patrol section and the various specialized units, and be introduced to the equipment and vehicles that these units utilize.

The area of study or interest of the student should be law enforcement or criminal justice. Other disciplines will be considered on a case-by-case basis.

DEFINITION

Intern/Student Intern: Performs professional duties as a part of an educational program to support management in the administration of a specialized Division function. Interns must currently be enrolled in an Associate's, Bachelor's or Master's degree program with an accredited college or university in a field related to the Division's mission.

Internship Coordinator: This position will be held by the Unit Commander of the Professional Development Unit or his/her designee.

PROCEDURE

A. Application and Selection

1. The student should meet the below MINIMUM QUALIFICATIONS:
 - Must be 18 years or older and possess a valid driver's license.
 - Must be a United States Citizen or naturalized citizen
 - Must be currently enrolled in a degree program with an accredited college or university with a grade point average (GPA) of 2.5 or higher on a 4.0 scale
 - Must be currently enrolled in an Associate's, Bachelor's or Master's degree program with a concentration in Law Enforcement or Criminal Justice. Other disciplines will be considered on a case-by-case basis.
 - Must receive college credit for participation.
 - Must be able to commit to a minimum of 15 hours/week.
 - Must complete the Police Intern Application & Background Questionnaire (Appendix #5).
 - Must be willing to agree to and sign a waiver of civil liability, confidentiality and indemnification agreement upon conditional offer of internship. (Appendix #3 and #6).
 - Ability to work in a professional environment.
2. Internship availability will be advertised and coordinated with the assistance of Intern Delaware. Intern Delaware will assist

the Division with advertising the available position(s) in various colleges and universities.

3. A downloadable and fillable application will be available on the Division's website, www.nccde.org. Once the application is completed, it can be emailed to internship@newcastlede.gov. This email address will be monitored by the Internship Coordinator.

Division personnel attending recruiting events will be provided information/handouts regarding the internship program to provide to potential applicants.

4. After the closing date, all applications will be reviewed. If the student applicant meets the minimum criteria, an oral board interview will be scheduled. The oral board interview will consist of three (3) subjective questions and a brief scenario. It is recommended that three sworn officers, to include the Internship Coordinator, serve on the oral board panel.
5. Following the oral board, a selection(s) will be made, and the student(s) will be notified both via phone and email of their conditional offer of internship.
6. Following the conditional offer, a background investigation (abbreviated from a police officer applicant) will be conducted by the Internship Coordinator or his/her designee.
7. If the student applicant reflects this Division's mission, core values and professionalism, a request to offer the internship(s) to a specific student(s) will be proposed to the Chief of Police or his/her designee. Once the student is approved by the Chief of Police or his/her designee, the student(s) will be contacted via phone and email with their formal acceptance into the New Castle County Division of Police Internship Program. The respective education institution's internship coordinator will also be notified and contacted.
8. The Division, along with Intern Delaware will ensure that internship opportunities are made available to a wide range of students who will not be discriminated against on the basis of race, religion, color, natural origin, age, gender, disability, sexual orientation, marital status, pregnancy, or genetic information.

B. Intern Guidelines

1. Student Interns that are selected will attend an orientation at the start of their program. The orientation will include, but is not limited to the following:
 - Tour of the Paul J. Sweeny Public Safety Building
 - Issuance of proximity card
 - History and overview of Division's Mission
 - Workplace harassment training
 - Overview of New Castle County, districts, and sectors
 - Familiarization of New Castle County Government and Division policies
 - Overview of the accreditation process
2. The intern will complete and follow a 14-week program outlined in Appendix 2. The time frame of 14-weeks may be adjusted to fit the intern's college or university's requirements. The paid internship will not exceed 14-weeks. It is common knowledge that police commitments change daily. The outline is to serve as a guide for the student intern to adequately introduce them to the many units within the Division. Last minute changes may be made at the discretion of the Internship Coordinator or his/her designee.
3. The intern will complete a Daily Intern Report (DIR) (see Appendix 4) each working day. The report will be reviewed and signed by an officer or supervisor in the section or unit where the intern is assigned. The report will be forwarded to the Internship Coordinator for review. The Daily Intern Report will be stored by the Internship Coordinator or his/her designee and will be available for review by the intern's respective college or university.
4. Student Interns are not eligible for benefits (i.e., insurance and paid leave)
5. The intern will be required to always conduct himself/herself in a professional manner.
6. The intern is expected to dress in professional business attire unless directed otherwise by a supervisor or the Internship Coordinator or his/her designee. Any attire worn is not to have any police insignia or police-related images or wording that could distinguish them as a sworn member of the Division or any sworn law enforcement entity.
7. The intern will be issued a proximity card with limited access throughout the Paul J. Sweeny Public Safety Building. The

card will have a photograph of the student intern, their full/legal name, and the word "INTERN". This proximity card will always be kept with the intern while in the capacity of a Division of Police student intern. The proximity card is to be worn on the outer most garment of clothing and visible to others.

- a. If the intern loses or misplaces their issued proximity card, they will notify the Internship Coordinator or his/her designee immediately.
 - b. The proximity card will be turned in to the Internship Coordinator upon his/her completion of the program.
8. The possession of ANY weapon by the student intern is STRICTLY PROHIBITED.
 9. Recording devices, whether audio or visual, including but not limited to cellular phones, micro cassettes, standard cassettes, still cameras, video cameras are not authorized. Recording in any medium on any County-owned property or facility, or any crime and/or accident scene, person arrested or any complainant, victim, witness, suspect, subject or property of the persons named is expressly forbidden without the prior approval of a Division of Police Supervisor.
 10. Posting, disseminating, or transmitting any information regarding the student internship to ANY social media outlet is STRICTLY PROHIBITED without prior written authorization from the Chief of Police or his/her designee. "Information" is, but is not limited to a written or verbal description of the Student Intern's experience with situations that are confidential in nature, any photograph or image depicting them as a student intern with the Division of Police, any photographs, video or audio recordings, likeness or images of the New Castle County Division of Police logos, emblems, patches, badges, uniforms, vehicles, equipment or any other material that specifically identifies the Division, any wording that would distinguish the student as an intern with the Division, any unethical, slanderous or derogatory wording or statements that would likely to adversely affect the good order and reputation of the Division.
 11. The student intern is NEVER to identify themselves as a New Castle County Police Officer or any sworn law enforcement officer.
 12. While in the field, the intern shall direct all persons that approach them regarding a police matter to a respective

liaison or supervisory officer. At NO point will an intern give their opinion or make comments to ANY citizen while in the field on any matters pertaining to the incident that the liaison officer is handling.

13. Interns will not be used in a position or duty that is required of a sworn police officer.
14. At the conclusion of the internship, the intern will be provided an opportunity for an exit interview with the Internship Coordinator and any additional police Staff member that wishes to be present.
15. At the conclusion of the internship, the student must turn in any issued equipment or items to include, but not limited to their proximity card.
16. Following the successful conclusion of the Division's Student Internship Program, the student will receive a certificate of completion. All documentation needed by the student's respective college or university will be completed by the Internship Coordinator and provided to the institution's liaison.
17. If the intern fails to follow rules and procedures, he/she may be expelled from the program after a review of the incident(s) by the Commander of the Professional Development Unit. The Chief of Police will make the final determination if an intern should be expelled from the program.
 - a. Upon expulsion, the Internship Coordinator will contact the intern's College/University to inform the College/University of the student's termination from the internship program at our Division. It will be the responsibility of the College/University to make notification to the student.
 - b. All County property including the identification badge must be returned to the Professional Development Unit.

NEW CASTLE COUNTY DEPARTMENT OF PUBLIC SAFETY
DIVISION OF POLICE

I, _____, have read and acknowledge the New Castle County Division of Police Student Internship Program Protocol. I understand that failure to follow rules, procedures or guidelines set forth by the policy can result in the termination of the internship and expulsion from the program. I understand and acknowledge that failure to follow lawful, relevant instruction from the Internship Coordinator or his/her designee may be grounds for termination of the student internship. I understand and acknowledge that any behavior while working or while outside of work that is unethical or is contrary to the Division's Mission, Vision or has any negative reflection on the Agency may be cause for the student to be removed from the program. All infractions will be reviewed by the Internship Coordinator. The Chief of Police or his/her designee will make the final determination whether I am expelled from the program.

In the event I am expelled as a Division intern, I acknowledge that the New Castle County Division of Police will contact my college or university's liaison and inform them of the termination of the internship.

INTERN SIGNATURE
DATE

PRINTED NAME

WITNESS SIGNATURE
DATE

WITNESS TITLE, PRINTED NAME, AND IBM

_____ I have been provided a copy of the Intern Program
Protocol.
(Initials)

Appendix #2

PROPOSED INTERNSHIP SCHEDULE

WEEK	ASSIGNMENT	KEY OBJECTIVES
Weeks 1-2	Professional Development Unit (PDU)	<ul style="list-style-type: none"> • Orientation Tour of Paul J Sweeney Public Safety Building Issue proxy card (INTERN) • Harassment Training • Biased Based Policing Overview • Intro to Recruiting • Intro to the Police Academy • NCCPD History and Overview
Week 3	Patrol Division	<ul style="list-style-type: none"> • Intern will have the opportunity to complete two (2) daytime and (2) nighttime ride along with a patrol squad • Arrangements will be made to show the intern the areas of the County and relevant entities such as CCP, HYCI, etc.
Weeks 4-5	Criminal Investigations Division (CIU) Evidence Detection Unit (EDU)	<ul style="list-style-type: none"> • Introduction to CIU • Shadow a detective • Cold Case introduction and DNA explanation • Scene processing techniques (lifting fingerprints, DNA collection, lab introduction) • If applicable or available; autopsy, criminal trial, DFS introduction
Weeks 6-10	Community Services Unit (CSU) & Behavioral Health Unit (BHU)	<ul style="list-style-type: none"> • Intro to CSU and BHU • Participate and assist with special, community events • Nikko • Attend Civic Association Meetings • Heroin Alert Program • Hero Help • Engagement/outreach process and ride along
Week 11	Public Information Officer (PIO)	<ul style="list-style-type: none"> • Intro to PIO • News releases • Social media engagement • Special event attendance
Week 12	Inventory Control Unit (ICU)	<ul style="list-style-type: none"> • Intro to Supply and Evidence • Assist with logging of evidence • Media and BWC storage (Clark)
Week 13	Mounted Patrol Unit (MPU)	<ul style="list-style-type: none"> • Intro to MPU patrol and special event procedures – Carousel Park/Stables • K9 Training
Week 14	Miscellaneous	<ul style="list-style-type: none"> • Additional Areas • Turn in equipment • Complete all required and appropriate documentation for respective college or university • Exit interview with the Internship Coordinator and the Chief of Police or his/her designee.

Appendix #3

NEW CASTLE COUNTY DEPARTMENT OF PUBLIC SAFETY
DIVISION OF POLICE



CONFIDENTIALITY AGREEMENT

During the term of my internship with the New Castle County Division of Police, I understand that I may have access to information which is confidential in nature and/or protected by law. I understand that confidential information, include names of victims, suspects, witnesses, juveniles and specific details of police investigations and activities must not be disseminated without the prior, written consent of the New Castle County Division of Police.

I also understand that all written or electronic documents and data produced or maintained by New Castle County and its employees are the exclusive property of New Castle County. Assessing, copying, photographing, altering, or releasing these documents and/or data is strictly prohibited unless approved by the Chief of Police or his/her designee.

Recording devices, whether audio or visual, including but not limited to cell phones, micro cassettes, standard cassettes, still cameras, video cameras and any other device with photograph and/or recording abilities are NOT authorized. Recording in any County-owned property or facility, at any crime and/or accident scene, person arrested or any complainant, victim, witness, suspect, subject or property of the persons named is expressly forbidden without the prior approval of a Division of Police Supervisor.

I willingly acknowledge that I understand confidentiality and agree not to disseminate the details of my internship experience via any social media forum without the direct approval from the Chief of Police or his/her designee.

In addition, I understand that if I violate this agreement, or engage in conduct that is detrimental to the Division of Police or those it serves, my internship may be terminated and that I may be subject to legal action.

My signature below affirms that I have read, understand and agree to the contents and terms of this agreement.

SIGNATURE

WITNESS

PRINT NAME

PRINT NAME

DATE/TIME

DATE/TIME

Appendix #4

NEW CASTLE COUNTY DIVISION OF POLICE
DAILY INTERN REPORT



INTERN NAME:	DAY & DATE:
UNIT ASSIGNMENT:	LOCATION:
SUPERVISOR:	ADDITIONAL OFFICERS (IF APPLICABLE):
DESCRIPTION OF DUTIES & ASSIGNMENTS:	
INTERN SIGNATURE:	DATE:
SUPERVISORY OFFICER SIGNATURE:	IBM NO.
INTERNSHIP CORDINATOR SIGNATURE:	DATE:

NEW CASTLE COUNTY DEPARTMENT OF PUBLIC SAFETY
DIVISION OF POLICE



POLICE INTERN
APPLICATION & BACKGROUND QUESTIONNAIRE

APPLICANT'S FULL NAME:

APPLICANT'S ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S CONTACT PHONE NUMBER: () _____ (☐ Cell ☐ Home ☐ Work)

APPLICANT'S EMAIL ADDRESS: _____

I, _____, understand and acknowledge that I have read the entire application and background investigation questionnaire, and that all entries made by me in response to requested information are true and accurate to the best of my knowledge. I am aware that any falsified information, untruthful statements or knowingly omitting information shall be cause for immediate dismissal from the process of police intern with the New Castle County Division of Police.

APPLICANT'S SIGNATURE: _____ DATE: _____

NEW CASTLE COUNTY DIVISION OF PUBLIC SAFETY
DEPARTMENT OF POLICE
INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

APPLICATION & BACKGROUND INVESTIGATION QUESTIONNAIRE INSTRUCTIONS:

The New Castle County Division of Police conducts background investigations on all potential employees in order to further inquire their suitability and consideration for the internship program. The information requested is necessary to conduct the investigation and will be kept in a confidential personnel file. We require that you provide us with your Social Security Number in order to maintain accurate and complete records. The New Castle County Police may also use your Social Security Number to make requests for information about you, but only where permitted by law. The information gathered will be used for the purpose of this internship only.

Information provided by you in this questionnaire and collected about you by the New Castle County Division of Police during your background investigation may be referred to federal state and local law enforcement agencies for criminal investigation, prosecution or other lawful purposes.

The internship program can be highly competitive that requires our Agency to identify the most highly qualified applicants for the internship program. Applicants will compete for a limited number of positions during a designated 14-week time period. In addition to the minimum qualifications outlined below, an applicant for the internship program should possess a high degree of integrity, judgement, maturity and credibility. The omission of information or indications of deception will not be tolerated and will immediately eliminate a candidate from the application process of police intern.

The New Castle County Division of Police is committed to a policy of equality of opportunity for all prospective interns and current employees regardless of race, color, creed, sex, age, national origin or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

Minimum Qualifications:

- Must be 18 years or older and possess a valid driver's license.
- Must be a United States Citizen or naturalized citizen
- Applicant must be currently enrolled in a degree program with an accredited college or university with a grade point average (GPA) of 2.5 or higher on a 4.0 scale
- Interns must be currently enrolled in an Associate's, Bachelor's or Master's degree program with a concentration in Law Enforcement or Criminal Justice. Other disciplines will be considered on a case-by-case basis.
- Must receive college credit for participation
- Must be able to commit to at least 15 hours/week
- Must complete the Police Intern Application & Background Questionnaire
- Must be willing to agree to and sign a waiver of liability and confidentiality agreement upon conditional offer of internship.
- Ability to work in a professional environment

NEW CASTLE COUNTY DIVISION OF PUBLIC SAFETY
DEPARTMENT OF POLICE
INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

BIOGRAPHICAL INFORMATION			
LAST		FIRST	MIDDLE
SEX/RACE ____/____	DATE OF BIRTH ____/____/____	AGE	SOCIAL SECURITY NO. ____-____-____
ADDRESS INFORMATION			
LOCAL ADDRESS:			
ADDRESS 1		ADDRESS 2	
CITY		STATE	ZIP
PHONE NUMBER: ()____-____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work		ALTERNATE PHONE NUMBER: ()____-____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	
EMAIL ADDRESS:		ALTERNATE EMAIL ADDRESS:	
PERMANENT ADDRESS:			
ADDRESS 1		ADDRESS 2	
CITY		STATE	ZIP
PHONE NUMBER: ()____-____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work		ALTERNATE PHONE NUMBER: ()____-____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work	
DRIVER'S LICENSE NO.	DRIVER'S LICENSE STATE	VALID <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY EXPERIENCE AS A SWORN LAW ENFORCEMENT OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF ANY TATTOOS:			

NEW CASTLE COUNTY DIVISION OF PUBLIC SAFETY
DEPARTMENT OF POLICE
INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

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COLLEGE/UNIVERSITY/INSTITUTION INFORMATION		
NAME OF COLLEGE/UNIVERSITY/INSTUTUION		
MAJOR		
MINOR (IF APPLICABLE)		
CURRENT GRADE POINT AVERAGE:		
INTERNSHIP CONTACT	NAME:	
	PHONE NUMBERS: () _____ - _____ () _____ - _____	
	EMAIL ADDRESS:	_____ @ _____
TOTAL HOURS REQUIRED TO BE COMPLETED		
ANY ADDITIONAL REQUIREMENTS OR REQUESTS:		

INTERSHIP COORDINATOR SIGNATURE	DATE:

BACKGROUND INFORMATION

HAVE YOU EVER BEEN ARRESTED,
DETAINED, INTERVIEWED OR
INTERROGATED FOR A CRIMINAL
INVESTIGATION?
(civil violation, misdemeanor or felony -
excluding minor traffic offenses)

☐ YES ☐ NO

If NO, please skip below

If additional space is required, please indicate
on additional pages.

INVESTIGATING AGENCY: _____

CITY: _____ STATE: _____

CHARGE(S): _____

DATE: _____

CHARGED WITH A CRIME: ☐ Yes ☐ No

INVESTIGATING AGENCY: _____

CITY: _____ STATE: _____

CHARGE(S): _____

DATE: _____

CHARGED WITH A CRIME: ☐ Yes ☐ No

DRUG USAGE

Have you ever used any of the following:

- ☐ Marijuana
- ☐ Hallucinogenic Drugs (LSD, mushrooms, saliva, PCP, ecstasy, etc)
- ☐ Any other illegal drugs

If yes, list the substance used, number of times used and month/year of last activity:

NEW CASTLE COUNTY DIVISION OF PUBLIC SAFETY
DEPARTMENT OF POLICE
INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

CHARACTER REFERENCES	
FULL NAME	
MAILING ADDRESS: (STREET NO., STREET NAME, CITY/TOWN, STATE, ZIP)	
CELL PHONE NO.:	EMAIL ADDRESS;

FULL NAME	
MAILING ADDRESS: (STREET NO., STREET NAME, CITY/TOWN, STATE, ZIP)	
CELL PHONE NO.:	EMAIL ADDRESS;

FULL NAME	
MAILING ADDRESS: (STREET NO., STREET NAME, CITY/TOWN, STATE, ZIP)	
CELL PHONE NO.:	EMAIL ADDRESS;

NEW CASTLE COUNTY DIVISION OF PUBLIC SAFETY
DEPARTMENT OF POLICE
INTERNSHIP BACKGROUND INVESTIGATION QUESTIONNAIRE

EMERGENCY CONTACT INFORMATION		
NAME:		
RELATIONSHIP:		
	PHONE NUMBERS:	
	() _____ - _____ () _____ - _____	
	EMAIL ADDRESS:	_____ @ _____
NAME:		
RELATIONSHIP:		
	PHONE NUMBERS:	
	() _____ - _____ () _____ - _____	
	EMAIL ADDRESS:	_____ @ _____

NOTE: If you feel that there is any additional information that should be considered by the New Castle County Division of Police when reviewing your application for internship, please explain on a separate sheet of paper and submit this with your

AUTHORIZATION FOR RELEASE OF INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH	
CURRENT ADDRESS (STREET NO., STREET, APT NO., CITY/TOWN, STATE, ZIP)			
MILITARY INFORMATION (if applicable)			
SELECTIVE SERVICE NUMBER	BRANCH OF SERVICE	VETERAN'S ADMINISTRATION FILE NO.	

I, _____ do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized personnel of the New Castle County Division of Police and/or any medical provider contracted by the agency, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material for my employment with the New Castle County Division of Police.

I authorize the full and complete disclosure of the records of educational institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the United States Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

I authorize the National Personnel Records Center (St. Louis, Missouri), or other custodian of military record to provide to the New Castle Division of Police, information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD Form 214 (Report of Separation). A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signatures. I agree to indemnify and hold harmless employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

APPLICANT SIGNATURE

DATE

SIGNATURE OF NOTARY PUBLIC

DATE

NEW CASTLE COUNTY DEPARTMENT OF PUBLIC SAFETY
DIVISION OF POLICE



INTERNSHIP PROGRAM
Waiver of Civil Liability, Confidentiality & Indemnification Agreement

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
COLLEGE or UNIVERSITY:		INTERNSHIP: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____	

I, _____, desire to participate in the New Castle County Department of Public Safety, Division of Police internship program.

I recognize that as a part of my assignment(s) as an intern, I may learn confidential information that is related to the New Castle County Division of Police that may include personnel matters, criminal investigations, criminal histories, and other high profile public issues. I may also hear conversations, see written documents, and/or observe things that are not intended for public view. The New Castle County Division of Police has extended this internship opportunity with the Division on the condition that I abide by the terms of this Agreement.

I agree that I shall not violate the confidential interests of the New Castle County Division of Police, its operations, its investigations, or its employees. The presumption is that all information related to my duties is confidential information unless I am explicitly told otherwise by the Chief of Police or his/her designee. By signing this Agreement, I acknowledge that I will not at any time, knowingly deliver any confidential information to any person, entity or organization except as required by law or court order.

I understand that any violation(s) of this agreement shall subject me to termination as an intern and may also subject me to criminal prosecution. I understand that I do not have the right to continue my status or utilize appeal rights as an intern, if terminated.

I am aware and understand that the position of intern with the Division does not entitle me to benefits of any kind or nature.

I am aware that I may have the opportunity to participate and observe activities associated with those of a sworn police officer. I further agree to the release of New Castle County, specifically, the Department of Public Safety, Division of Police and its employees from accountability or responsibility for any accident, injury, death or other liability incurred or suffered by me while in the capacity of an intern for the New Castle County Division of Police.

SIGNATURE: _____ DATE: _____