



Onslow County Sheriff's Office

Internship Application

Minimum Requirements

The Sheriff's Office accepts applications throughout the year. Applicants must meet the minimum requirements and complete the application process.

1. Must be a U.S. Citizen.
2. Must be at least 18 years of age or older.
3. Must be attending a accredited university, college, community college, or technical institute in North Carolina or be a North Carolina Resident attending an equivalent institution in another state.
4. Must have a minimum GPA of 3.0.
5. Be enrolled in a course of study law enforcement or other related field.
6. Be covered by personal injury or health insurance.
7. Be of good moral character.

Procedures

Applicants shall complete and provide the following:

1. Internship Application.
2. Provide a copy of driver's license/state-issued ID and student ID.
3. Provide a copy of unofficial transcript indicating course of study and current GPA.
4. Provide a written recommendation from a college designees. The recommendation shall include the minimum hours needed to gain credit for the internship.
5. Provide a copy of a criminal records check covering the past ten (10) years of residency, including the place of residence when graduating high school.
6. Complete the Sheriff's Education and Training Standards Personal History Statement (Form F-3).
7. Provide fingerprints. (This will be completed by the Sheriff's Office Permits Unit.)
8. Sign the disclaimer and confidentiality agreement attached to the application.

Applicants will need to return the completed application to the Sheriff's Office Personnel Unit.

Internship Application, cont.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____
(Last) (First) (MI)

Preferred Name: _____

Sex: Male Female

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

Home Phone: _____

Mobile Phone: _____

E-Mail Address: _____

Driver's License Number _____ State: _____ Issued Date: _____

Employer: _____ Mobile Phone: _____

Emergency Contact: _____
(Name) (Phone) (City/State)

SCHOOL INFORMATION

School Name: _____

Intern Counselor/Professor/Advisor: _____

Phone or E-mail Contact: _____

Course of Study: _____ GPA: _____

Expected Graduation Date: _____

INTERNSHIP INFORMATION

Semester: Spring Summer Fall Semester Year: _____

Full time/Part Time: Full Time (30—40 hours per week) Part Time (16hrs/2 days per week)

Please explain why you would like to intern with the Onslow County Sheriff's Office? (100 words or less).

Internship Application, cont.

REFERENCES

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

ACKNOWLEDGEMENT

I, _____, hereby certify that the information provided in this application and on the attached Personal History Statement is true and complete to the best of my knowledge. The Onslow County Sheriff's Office is hereby authorized to make any investigation of my personal history it deems necessary for consideration to participate in the Internship Program. I understand that false or misleading information given in this application may result in disqualification from the program.

Intern Signature: _____

Date: _____

(For Office Use Only)

Received by: _____

Received Date: _____

Application completed

Copy of license or state-issued ID and Student ID attached

F-3 completed

Background check passed

Fingerprints completed

Waiver form completed

Confidentiality statement completed

Internship Coordinator Approved Yes No

Internship Coordinator Signature: _____

Sheriff/Chief Deputy Approved Yes No

Sheriff/Chief Deputy Signature: _____

Unit Assigned: _____

Assigned Internship Supervisor: _____

Internship Application, cont.

RELEASE AND LIABILITY WAIVER

This is a Waiver and Release of Liability ("Release") executed on this date _____ by _____ ("Intern") in favor of Onslow County Sheriff's Office ("Sheriff").

Intern desires to work as an Intern for SHERIFF and engage in the activities relating to being an Intern. Intern hereby freely, voluntarily and without duress executes this Release under the terms below:

1. Release and Waiver

I consent to a background investigation. I understand that the investigation will consist of a name, driver's license, and fingerprint card criminal history check in the North Carolina state and the FBI national files. I authorize and request any person having control of any documents, including, but not limited to: criminal and court records that pertain to me, to furnish such documents to SHERIFF. I understand that the investigative process requires SHERIFF to receive and release my social security number to assess or verify pertinent information, and I authorize such receipt and release. I understand that I will not receive, and am not entitled to, a copy of the report or to know its contents.

I accept and assume all such inherent dangers and risks of bodily injury, permanent disability, death, and/or property damage, even if caused, in whole or in part by/but not limited to, the negligence of the Sheriff of Onslow County and all of his deputies, representatives, agents and employees (collectively the "SHERIFF Parties"). Recognizing the possibility of death and serious bodily injury associated with participating in the Intern activities, I, on behalf of myself, my agents, personal representatives, heirs, successors, executors, administrators, and assigns hereby agree to waive, release, hold harmless and discharge the SHERIFF Parties from any and all claims, demands, damages, attorney fees and costs, losses, injuries, liabilities, obligations or expenses of any kind which are made or could be made by me, or on my behalf, in suits of law or equity, as a result of my participation in the Intern activities, even though such claims may arise due to the negligence, carelessness or recklessness of such SHERIFF Parties.

This release and waiver of claims is binding on me, my heirs, executors, administrators, legal representatives, assigns and successors in interest. I understand that I am giving up my right to sue the SHERIFF Parties and giving up other valuable and substantial rights in exchange for being permitted to participate in the Intern activities.

2. Assumption of Risk

Intern understands that the activities include tasks that may be hazardous to the Intern, including but not limited to: _____.

The Intern hereby expressly and specifically assumes the risk of injury or harm in the activities, and releases SHERIFF Parties from all liability of injury, death, property damage, and loss resulting from these activities either directly or indirectly.

Internship Application, cont.

RELEASE AND LIABILITY WAIVER, cont.

3. Other

The Intern expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. The Intern agrees that in the event that any clause or provision of this Release shall be held to be invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable.

By signing below, the Intern has read, understood, and executed this Release as of the date first written above.

Intern Name: _____

Intern Signature: _____ Date: _____

ONSLOW COUNTY SHERIFF'S OFFICE

By: _____

Signature: _____ Date: _____

Internship Application, cont.

CONFIDENTIALITY AGREEMENT

I, _____, fully understand that the information, documents, and reports I may have access to throughout the duration of my time participating in the Internship Program are confidential. Nothing that I see, hear, read, or otherwise observe during my time in the program is to be discussed, copied, distributed, published, or disseminated in any manner.

I further agree not to reveal or otherwise communicate any information I may see, hear, read, or otherwise gain access to while participating in the Internship Program. I also agree not to use any information or material obtained under this agreement without the permission of the Internship Program Coordinator.

I understand that disclosing any information will result in my immediate termination from the Internship Program and will be reported to my college or university. Some disclosures may result in criminal prosecution.

Intern Signature: _____