



Guilford County Sheriff's Office

Internship Program

Application

Return Completed Application to:

Personnel/Training Division
Guilford County Sheriff's Office
400 West Washington Street
Greensboro, NC 27401

Remember to print clearly

PERSONAL DATA

NAME: _____

FIRST

MIDDLE

LAST

NICKNAMES/MAIDEN NAME: _____

PRESENT RESIDENTIAL ADDRESS:

NUMBER AND STREET

APARTMENT / LOT

CITY

STATE

ZIP CODE

YEARS AT RESIDENCE: _____ **IS YOUR MAILING ADDRESS DIFFERENT?** YES NO

PREVIOUS RESIDENTIAL ADDRESS:

NUMBER AND STREET

APARTMENT / LOT

CITY

STATE

ZIP CODE

TELEPHONE NUMBERS: _____ HOME

_____ WORK

_____ CELL

EMAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ (NUMERICAL MONTH, DAY, AND YEAR)

PLACE OF BIRTH: _____

City

State

CITIZENSHIP: U.S. CITIZEN U.S. NATURALIZED OTHER, SPECIFY: _____

DRIVER'S LICENSE NUMBER: _____ STATE _____

SOCIAL SECURITY NUMBER: ____/____/____

SEX: MALE FEMALE

ETHNIC BACKGROUND: WHITE BLACK HISPANIC OTHER _____

HEIGHT: _____ WEIGHT: _____ HAIR/EYE COLOR: ____/____

IF YES; PLEASE PROVIDE THE DATE COMPLETED. _____

LIST OF FAMILY MEMBERS WHO RESIDE IN YOUR HOME

FULL NAME	DATE OF BIRTH	RELATIONSHIP

IS ANY MEMBER OF YOUR IMMEDIATE FAMILY NOW IN PRISON OR ON PROBATION OR PAROLE? YES NO

EDUCATIONAL HISTORY

COLLEGE ATTENDING _____

ADDRESS: _____

MAJOR: _____

MINOR(S): _____

OVERALL CURRENT GPA: _____

DEPARTMENT HEAD: _____ PHONE: _____

INTERNSHIP ADVISOR: _____ PHONE: _____

TOTAL CREDIT HOURS RECEIVED FOR INTERNSHIP: _____

PROJECTED GRADUATION DATE: _____

MILITARY HISTORY

BRANCH: _____

RANK: _____

ENLISTMENT DATE: _____

DISCHARGED DATE: _____

TYPE OF DISCHARGE: _____

DRUG / ALCOHOL USAGE

THE INFORMATION PROVIDED IN THE FOLLOWING QUESTIONS IS UTILIZED FOR BACKGROUND INVESTIGATION PURPOSES. PLEASE ATTACH ADDITIONAL SHEETS NECESSARY TO EXPLAIN EACH QUESTION THAT IS ANSWERED "YES". (CIRCUMSTANCES ABOUT USE)

1. HOW FREQUENTLY DO YOU CONSUME ALCOHOLIC BEVERAGES?

DAILY WEEKLY MONTHLY SPECIAL OCCASIONS NEVER

2. WHEN ALCOHOLIC BEVERAGES ARE USED, HOW MANY DO YOU

CONSUME? _____

3. HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH MARIJUANA?

NO YES

IF YES, HOW MANY TIMES? _____ DATE OF LAST USE _____

4. HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH ANY OTHER ILLEGAL SUBSTANCE?

NO YES NAME OF SUBSTANCE: _____

IF YES, HOW MANY TIMES? _____ DATE OF LAST USE _____

5. HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH ANY OTHER CONTROL SUBSTANCE THAT WAS NOT PRESCRIBED BY A PHYSICIAN?

NO YES NAME OF SUBSTANCE: _____

IF YES, HOW MANY TIMES? _____ DATE OF LAST USE _____

6. HAVE YOU EVER TRIED, USED, OR EXPERIMENTED WITH A PRESCRIPTION MEDICATION THAT WAS NOT PRESCRIBED FOR YOU?

NO YES NAME OF SUBSTANCE: _____

IF YES, HOW MANY TIMES? _____ DATE OF LAST USE _____

EMPLOYMENT HISTORY

YOUR MOST RECENT EMPLOYER:

COMPANY:

DATES EMPLOYED: FROM: _____ TO: _____

SUPERVISOR: _____

DUTIES / JOB DESCRIPTION:

REASON FOR LEAVING:

PAST EMPLOYER:

COMPANY:

DATES EMPLOYED: FROM: _____ TO: _____

SUPERVISOR: _____

DUTIES / JOB DESCRIPTION:

REASON FOR LEAVING:

PAST EMPLOYER:

COMPANY:

DATES EMPLOYED: FROM: _____ **TO:** _____

SUPERVISOR: _____

DUTIES / JOB DESCRIPTION:

REASON FOR LEAVING:

**HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM ANY POSITION
BECAUSE OF CRIMINAL MISCONDUCT; BEHAVIOR OR RULES VIOLATION? YES NO**

IF YES, GIVE DETAILS:

DO YOU OBJECT TO WORKING NIGHTS? YES NO

DO YOU OBJECT TO WORKING WEEKENDS? YES NO

DO YOU OBJECT TO SHADOWING OFFICERS IN A PATROL OR JAIL SETTING? YES NO

CRIMINAL HISTORY

ANSWER THE QUESTIONS COMPLETELY AND ACCURATELY. ANY FALSIFICATION OR MISSTATEMENT OF FACTS MAY BE SUFFICIENT TO DISQUALIFY YOU FROM THE INTERNSHIP PROGRAM. PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY TO EXPLAIN EACH QUESTION THAT IS ANSWERED "YES".

1. HAVE YOU EVER (AS AN ADULT OR A JUVENILE) BEEN ARRESTED, DETAINED, OR QUESTIONED BY THE POLICE CONCERNING A CRIME? NO YES (I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH THE INCIDENT OCCURRED, AND RESULTING ADJUDICATION)

2. HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED, REVOKED, OR CANCELLED? NO YES (I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH THE INCIDENT OCCURRED, AND RESULTING ADJUDICATION)

3. HAVE YOU EVER RECEIVED (A) TRAFFIC CITATION(S)? NO YES (I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH THE INCIDENT OCCURRED, AND RESULTING ADJUDICATION)

4. HAVE YOU EVER BEEN A DEFENDANT OR PLAINTIFF IN A CIVIL ACTION? NO YES
(I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH THE INCIDENT OCCURRED, AND RESULTING ADJUDICATION)

5. HAVE YOU EVER COMMITTED A SERIOUS CRIME FOR WHICH YOU WERE NOT ARRESTED? NO YES (I HAVE ATTACHED A SHEET EXPLAINING THE INCIDENT(S), YEAR, STATE IN WHICH THE INCIDENT OCCURRED, AND RESULTING ADJUDICATION)

REFERENCES

LIST FIVE (5) PERSONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS.

DO NOT INCLUDE RELATIVES

NAME	ADDRESS	HOME PHONE NO.	OTHER PHONE NO.
1)			
2)			
3)			
4)			
5)			

EMERGENCY CONTACT DATA

LIST PERSONS TO NOTIFY IN CASE OF AN EMERGENCY: (PRIMARY)

NAME: _____

ADDRESS: _____

(H) PHONE: _____

(W) PHONE: _____

(C) PHONE: _____

RELATIONSHIP _____

LIST PERSONS TO NOTIFY IN CASE OF AN EMERGENCY: (SECONDARY)

NAME: _____

ADDRESS: _____

(H) PHONE: _____

(W) PHONE: _____

(C) PHONE: _____

RELATIONSHIP _____

Guilford County Sheriff's Office Internship Program

The following is a list of the different Districts and Divisions where you may be assigned during your internship. One day per week and a maximum of 12 hours per day.

- District 1 - Summerfield - During this time you will ride with patrol officers, detectives and work with the office personnel.

- District 2 - Whitsett - During this time you will ride with patrol officers, detectives and work with the office personnel.

- District 3 - Jamestown - During this time you will ride with patrol officers, detectives and work with the office personnel.

- Special Operations - This division consists of several special units which include Vice, Major Crimes, K-9 units, CRT, ID/Evidence and SERT. You can observe only those areas that are not considered a security or safety risk.

- Legal Process - Work with officers and office personnel that serve Civil as well as Legal Process.

- Greensboro Bailiff Office - Observe the various duties of a Greensboro Bailiff.

- High Point Bailiff Office - Observe the various duties of a High Point Bailiff.

- Detention Facilities - Observe the many duties of a Detention Officer. During this time, you will be able to observe several functions including but not limited to: booking process, inmate orientation, classification, inmate programs, inmate visitation, meals, medical treatment and inmate disciplinary procedures.

We currently have two Detention Facilities: Greensboro and High Point. Time will be spent at each of the facilities. You will be able to observe the duties and responsibilities that personnel have within the above Districts and Divisions. During this time, you will be able to ask officers and personnel questions concerning their job roles. The officers and personnel will assist in any way possible as long as SAFETY and SECURITY is not jeopardized.

GUILFORD COUNTY SHERIFF'S OFFICE INTERNSHIP PROGRAM

WAIVER AND RELEASE

In consideration of my application to participate in the Guilford County Sheriff's Office Internship Program

I _____, for myself and on behalf of my heirs, executors, administrators and assigns, agree as follows:

1. I waive all claims, demands, actions, or causes of action, against Guilford County, the Guilford County Sheriff's Office ("GCSO"), and each of their officers, agents, employees and representatives (all of the foregoing collectively referred to as "Releasees"), of whatever kind or nature, including but not limited to those arising out of personal injury, death, and property damage, which may arise from or relate in any way, directly or indirectly, to any of the following: (a) my participation in any activities related to the Internship Program; (c) my presence at any location where activities related to the Internship Program take place; and (c) travel to or from activities related to the Internship Program. I further agree to never bring any suit or action against any Releasee on any claim waived herein and to hold harmless Releasees from all such claims, including the costs of defense.

2. I acknowledge that photographs, films and recordings are sometimes made of the participants in the Internship Program for news releases and other purposes. I hereby authorize the use of my image and voice to be used in any non-commercial manner by Releasees and by any radio, television, newspaper, or other media.

3. I recognize that the GCSO may require background information from me and may perform background checks on me which may include, but are not necessarily limited to checks through the North Carolina Division of Criminal Information and the National Criminal Information Center and Credit Checks. I authorize the GCSO to obtain such information and to perform such background checks as it deems appropriate and I agree to provide such releases and information as may reasonably be requested of me to check my background. I acknowledge that participation in the Internship Program is not a right or entitlement and that participation may be denied at any time with or without cause.

4. If this Waiver and Release were to be deemed unenforceable in any way, I acknowledge that it is the intent of the parties that it be enforced to the fullest extent legally permissible and that any provisions deemed unenforceable shall be severed and all remaining provisions enforced.

I have read the foregoing waiver and release and understand that it constitutes a formal legal document.

Applicant Signature: _____ Date: _____

State of North Carolina

County of: _____

_____ appeared before me this _____ day of _____, 20__.

Notary: _____ Commission Expiration Date: _____

GUILFORD COUNTY SHERIFF'S OFFICE INTERNSHIP PROGRAM
CONFIDENTIALITY AGREEMENT

- A general guideline for maintaining confidentiality about police information is that anything not released to the media by the Sheriff of Guilford County or his designee is to be considered confidential. Any media inquiries coming in to the Guilford County Sheriff's Office should be referred to the Chief Deputy.
- Interns may not give out personal addresses and phone numbers of the staff of the Guilford County Sheriff's Office, sworn or civilian.
- Any information regarding ongoing investigations is not to be discussed outside this agency.
- Interns may be given codes for locks on doors to which they have access in the Guilford County Sheriff's Office. This information will not be disseminated to others.
- Interns will, at all times, observe proper security procedures, including the display of photographic identification cards and avoidance of off limits areas.
- For security reasons, Interns may not bring in visitors to their work sites, unless by prior approval and knowledge of their supervisor.
- All personnel information is protected by North Carolina General Statutes, and should not be discussed outside of this agency.

As an Intern working with the Guilford County Sheriff's Office, I have access to confidential information regarding individuals. Misuse or disclosure of such information adversely affects the civil rights of the individuals and violates the law. If I am responsible for such misuse or disclosure, I understand I am subject to immediate dismissal and legal action.

Applicant Signature: _____ Date: _____

State of North Carolina

County of: _____

_____ appeared before me this _____ day of _____, 20__.

Notary: _____ Commission Expiration Date: _____

GCSO INTERNSHIP WAIVER AND RELEASE

I, _____, for myself and on behalf of my heirs, executors, administrators, and assigns (all of the foregoing collectively referred to as "Releasors"), for the privilege of participation in any event(s) occurring in connection with the Guilford County Sheriff's Office Internship Program, including but not limited to ride-a-longs, training scenarios, emergency responses, crime scenes, covenant and agree as follows:

1. Releasors waive all claims, demands, actions, and causes of action, against Guilford County, the Guilford County Sheriff's Office, and their officers, agents, employees, volunteers and representatives (all of the foregoing collectively referred to as "Releasees"), of whatever kind or nature, including but not limited to those arising out of personal injury, death, and property damage, which may arise from or relate in any way, directly or indirectly, to participation in or presence at the Simulation. Releasors further agree to indemnify and hold harmless Releasees from all such claims, demands, actions, and causes of action, including but not limited to costs of defense and attorney's fees.
2. Releasors acknowledge that participation in and presence at the Guilford County Sheriff's Office Internship Program is entirely voluntary and a result of Releasors' request. Releasors assume all risks associated with participation in and presence at the Guilford County Sheriff's Office Internship Program, whether foreseen or not. Releasors assume all responsibility for informing themselves of the risks associated with and inherent in participation in and presence at the Guilford County Sheriff's Office Internship Program and disclaim any duty on the part of Releasees to do so. Releasors acknowledge that it is intended and expected that the waiver set out in Paragraph 1 includes, without limitation, any alleged failure by Releasees to properly warn of all potential risks and hazards.
3. If this Waiver and Release were to be deemed unenforceable in any way, Releasors acknowledge that it is the intent of the parties that it be enforced to the fullest extent legally permissible and that any provisions deemed unenforceable shall be severed and all remaining provisions enforced.

I have read the foregoing waiver and release and understand that it constitutes a formal legal document.

Applicant Signature: _____ Date: _____

State of North Carolina

County of: _____

_____ appeared before me this _____ day of _____, 20__.

Notary: _____ Commission Expiration Date: _____