

# College Internship Program

## 329.1 COLLEGE INTERNSHIP PROGRAM

Agency Content

### PROCEDURE

- (a) Eligibility
  - 1. In order to participate in the City of Auburn Police Department Internship Program, the student must be attending an accredited college or university, be a student in good standing and be enrolled in a criminal Justice Program or a program related to the Criminal Justice field. Preference will be given to those students who are enrolled in a Criminal Justice Program.
- (b) Compensation
  - 1. Student interns are not employees of the City of Auburn Police Department and will not receive any compensation or benefits.
- (c) Application Process
  - 1. Any person wishing to participate in the Internship Program will be required to submit the following:
    - (a) A letter of interest and resume.
    - (b) A completed APPLICATION FOR STUDENT INTERN PROGRAM FORM.
    - (c) A letter from the college or university detailing the institution's policy on participation in an internship program.
    - (d) Two Letters of recommendation from a current criminal justice instructor/ Professor and/or advisor
    - (e) Proof of registration as a sophomore, junior or senior at an accredited college or university with a MINIMUM GPA of 3.0, and a transcript of prior coursework.
- (d) Selection Process (Acceptance into Internship Program)
  - 1. Acceptance into the Internship Program is based on successful completion of the application process, oral interview and a background check conducted by the Auburn Police Department.
  - 2. Upon notification of acceptance into the Internship Program, the applicant shall provide the City of Auburn Police Department with the following:
    - (a) Proof of medical insurance and a certification of coverage.
    - (b) Written certification from the institution the intern attends which show that the institution has a general liability policy:
      - 1. Insures and indemnifies the City of Auburn for bodily injury and property damage resulting from the actions of the student or by the student while participating in this program.

# Auburn Police Department

## Procedure Manual

### *College Internship Program*

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3. The applicant will complete an Auburn Police Department Waiver of Liability Agreement.
4. Intern(s) will agree to sign an Auburn Police Department Confidentiality Agreement
5. Tattoos/body art/ body piercings/body brands shall not be visible while the Intern is participating in the Program. Some tattoos, brands, body art and piercings may have symbolic meanings that are inconsistent to the values of the Auburn Police Department.
6. The Student will complete an Auburn Police Department Waiver of Liability Agreement (if under the age of 21, the Waiver MUST be countersigned by a parent or legal guardian).

NOTE: No audio or video recording equipment (which include those "apps" on cellphones), or cameras will be allowed during the internship program, and he/she will not be allowed to carry any briefcases, handbags, etc., without first allowing a member of the Auburn Police Department to examine same inside and out.

[Internship Program Sample Training Format](#)

[Application for Student Intern Program](#)

[Confidentiality / Waiver of Liability Form](#)

## **Attachments**

## **Internship Program Schedule.pdf**

**AUBURN POLICE DEPARTMENT  
INTERNSHIP PROGRAM SAMPLE TRAINING FORMAT**

<b>DAY</b>		<b>ASSIGNMENT</b>	<b>ASSIGNED TO</b>	<b>SHIFT</b>
DAY 1	MONDAY	ORIENTATION	TRAINING LIEUTENANT	0800-1600HRS
DAY 2	TUESDAY	PATROL	PATROL OFFICER	0740-1550HRS
DAY 3	WEDNESDAY	PATROL	PATROL OFFICER/EVIDENCE TECHNICIAN	0740-1550HRS
DAY 4	THURSDAY	PATROL	PATROL OFFICER/TRAFFIC CAR	0740-1550HRS
DAY 5	FRIDAY	TRAFFIC BUREAU	TRAFFIC OFFICER	0700-1500HRS
DAY 6	MONDAY	PATROL	PATROL OFFICER	1540-2350HRS
DAY 7	TUESDAY	PATROL	PATROL OFFICER	1540-2350HRS
DAY 8	WEDNESDAY	PATROL	PATROL OFFICER/EVIDENCE TECHNICIAN	1540-2350HRS
DAY 9	THURSDAY	PATROL	PATROL SERGEANT	1540-2350HRS
DAY 10	FRIDAY	PATROL	PATROL LIEUTENANT	1540-2350HRS
DAY 11	MONDAY	ID BUREAU	IDENTIFICATION OFFICER	0800-1600HRS
DAY 12	TUESDAY	ID BUREAU	CRIME ANALYSIS CIVILIAN	0800-1600HRS
DAY 13	WEDNESDAY	DETECTIVE BUREAU	DETECTIVE	0800-1600HRS
DAY 14	THURSDAY	RECORDS BUREAU	RECORDS BUREAU/CIVILIAN PERSONNEL	0800-1600hrs
DAY 15	FRIDAY	PATROL	PATROL OFFICER	0740-1550HRS

**HOURLY BREAK DOWN**

**08-Orientation**

**72-patrol**

**Evidence techs**

**Traffic car**

**Sergeant**

**Lieutenant**

**08-Traffic Coordinator**

**08-Identification Officer**

**08-Crime Analysis (Civilian)**

**08-Detective Bureau**

**08-Records Bureau**

**120 hours total**

**\*Schedule may be adjusted to adapt to intern's college course schedule**

## **Application for Student Internship.pdf**

## AUBURN POLICE DEPARTMENT

### APPLICATION FOR STUDENT INTERNSHIP PROGRAM

(A COPY OF THE APPLICANT'S IDENTIFICATION MUST BE ATTACHED TO THIS FORM)

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College/University \_\_\_\_\_ Email: \_\_\_\_\_

Liability Waiver signed and attached: YES NO Confidentiality Agreement signed and attached: YES NO

Number of Internship Hours Desired: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Physical Limitations and Prescribed Medications: \_\_\_\_\_

Emergency Notification (Name and Telephone): \_\_\_\_\_

I, \_\_\_\_\_, do certify that I am at least 18 years of age, am of good moral character and have not been convicted of any crime. I have received a copy of the "INTERN PROGRAM GENERAL RULES AND PROCEDURES" and I agree to abide by them. I understand that my participation is limited to one eight hour period per day between 8:00am and 12:00am for a maximum of 120 hour internship. I will not interfere with the police officers or their duties and I understand that my participation in the program may be discontinued by any police officer at any time. I also understand that I am subject to a background check by the Auburn Police Department prior to being awarded an Internship.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### COLLEGE/UNIVERSITY AUTHORIZATION

(To be completed by a sponsoring College/University Representative)

Name of Student: \_\_\_\_\_ is a student at (College/University) \_\_\_\_\_,  
majoring in \_\_\_\_\_, and has a cumulative GPA of at least 3.0, is authorized to  
participate in an internship with the Auburn Police Department.

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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### FOR DEPARTMENT USE ONLY

Reviewed by Training Captain: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED DENIED Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

## **Confidentiality Waiver of Liability Form.pdf**





*"Expect Excellence"*

**Department of Police**

**Shawn I. Butler**

*Chief of Police*

**Roger J. Anthony**

*Deputy Chief of Police*

## AUBURN POLICE DEPARTMENT CONFIDENTIALITY/ WAIVER OF LIABILITY FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Organization: \_\_\_\_\_

I, \_\_\_\_\_, hereby agree that in consideration for an opportunity to observe the operations of the Auburn Police Department, I do hereby consent and agree that any information obtained by me, or any information which I might otherwise come into possession of by virtue of my experience with regard to the investigation of any pending cases, shall be deemed confidential in nature, and that I agree not to reveal to anyone outside of the Auburn Police Department, any such information unless directed to do so by the Chief of Police of the Auburn Police Department, in writing. I further understand that any breach of this confidentiality agreement may result in action for damages for breach of promise, and for an injunction against any further disclosure, and such remedies as may be available to the City of Auburn to enforce said agreement pursuant to law.

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the Auburn Police Department by riding in a car operated by members of the Police Department, and by any and all other means of observation whatsoever, the undersigned, in order to avail himself / herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the City of Auburn Police Department, its officials, officers, and all other personnel of the City of Auburn from any and all liability whatsoever, for any injuries, damages and claims the undersigned, his/her heirs, dependants and assigns may sustain in and about any patrol car or in any way during the course of the observation and studies by the undersigned of the operations and functions of the Auburn Police. He/she also agrees that **no audio or video recording equipment, or cameras will be allowed during the observation period, and that he/she will not be allowed to carry any briefcases, handbags, etc. without first allowing a member of the Auburn Police Department to examine same inside and out.** He/she does also authorize the Auburn Police Department to conduct a check of any criminal records and incident files that pertain to him/her. All of the appointments for observation will be made through the office of the Chief of Police.

In witness whereof, the undersigned has affixed his/her signature at Auburn, New York this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature, if under 18 years of age, must be countersigned  
by parent and notarized

Accepted by:

\_\_\_\_\_  
Parent or guardian

\_\_\_\_\_  
Auburn Police Department

\_\_\_\_\_  
Notary Public / Commissioner of Deeds