



**GREENSBORO POLICE DEPARTMENT APPLICATION FOR  
INTERNSHIP**

The Greensboro Police Department is committed to developing partnerships not only within the community of Greensboro, but also those surrounding the City. The Internship Program, which is a joint effort with local colleges and universities, fulfills this role. It is available to any university and/or college student who meets the requirements for participation.

### **OBJECTIVE:**

The objective of the Greensboro Police Department's Internship Program is to provide you with a positive learning environment so you can experience the various aspects and responsibilities of municipal law enforcement.

As an intern with the Greensboro Police Department, you will be assigned to three of our four divisions for observation of duties and responsibilities of officers. These divisions are the Investigation Division, Patrol Division and Support Services Division. You will spend time with each division in addition to any specified assignments during the length of your internship time.

As an intern, while working on operational, administrative, and support functions, you are provided an atmosphere for learning and observation. Coordination of your Internship experience is the responsibility of the Support Services Division. The Support Services Sergeant supervises your internship experience and will also coordinate your initial job assignment and schedule.

### **REQUIREMENTS:**

The requirements for participation in the Greensboro Police Department's Internship Program are:

- The student must be currently enrolled, through his/her respective College in an internship program and considered to be in good academic standing with the school.
- The student must have a 2.5 or higher-grade point average on a 4.0 scale.
- The student, prior to acceptance in the Internship Program, must submit the following:
  - ♣ Completed Application Form
  - ♣ Resume'
  - ♣ Copy of an Official Transcript
  - ♣ A letter of recommendation from your advisor or internship coordinator from your school

Once your completed application and required documents have been received, all paperwork shall be reviewed for approval. If being considered for internship with GPD, you will be contacted to come in for an administrative interview with department personnel.

**Please return your completed application packet to:**

**Greensboro Police Department  
1141 Siloam Road  
Greensboro, GA; 30642  
C/o Assistant Chief Tommy Nelson**

**NOTE:** As part of the approval process the Greensboro Police Department will conduct a check of your background for security purposes, to include all traffic and criminal related offenses. For questions regarding the application, application process, or general internship questions contact:

**Tramekia Saunders**

**Support Services Division**

**Greensboro Police Department**

**706.453.7555 ext. 29**

[Tsaunders@greensboropd.com](mailto:Tsaunders@greensboropd.com) or [Greensboropd@greensboropd.com](mailto:Greensboropd@greensboropd.com)





**GREENSBORO POLICE DEPARTMENT  
APPLICATION FOR INTERNSHIP**

**Applicant Statement of Confidentiality and Waiver**

I understand that any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my intern status. In addition, I authorize and request former employees, schools, individual agencies, organizations, or law enforcement agencies, to answer all questions about my past and current activities, about my attitude, behavior and beliefs that may be asked by officers of the Greensboro Police Department in conjunction with the background investigation for internship. I do hereby withhold such persons harmless for giving of this information based on their knowledge and/or recollection.

I understand that I do not have the right to continue my internship status or possess appeal rights as an Intern if terminated.

I understand that I am not an employee of the City of Greensboro or any department thereof and am not being paid a nominal fee or in benefits of any kind during my internship period.

I understand and agree that in the performance of my duties as an Intern with the Greensboro Police Department, I will hold all names and information regarding the Department in the strictest confidence including observations made from street patrol, assisting the Investigation Division, or heard while participating in the internship program.

I understand that disclosure of confidential information to unauthorized sources may result in termination of my duties and responsibilities as an Intern.

I understand that Police Officers are by nature of their profession under constant threat of harm and danger. I understand that there are times during my internship that I may also be under this same threat by nature of being in a Greensboro Police vehicle and/or near a Greensboro Police Officer.

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Being made aware of the potential for threatening, dangerous circumstances during my internship experience, I do release the City of Greensboro, the Greensboro Police Department, Greensboro Police Officers and Greensboro Police Department employees from all liability and responsibility of me during my internship hours with the department. This includes any action that may result from any accident, injury or other liability incurred or suffered by me while in my capacity as an intern with the Greensboro Police Department.

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**GREENSBORO POLICE DEPARTMENT  
APPLICATION FOR INTERNSHIP**

**Internship Applicant Agreement**

I, \_\_\_\_\_ request to serve as an Intern with the Greensboro Police Department.

As an Intern, I agree to:

- Perform the tasks outlined in the internship guidelines to the best of my ability.
- Attend any training offered by the department that will enhance my performance as an intern with the department.
- Report to the Greensboro Police Department on time when scheduled and to call my supervisor if I am unable to report as scheduled.
- Comply with and follow the same rules and policies as required of all Greensboro Police Department employees.
- Refrain from using my intern position to attempt to influence anyone in any manner.
- Notify my supervisor upon terminating my involvement with the internship program and participate in an exit interview/evaluation. I will relinquish to my supervisor all items or equipment issued to me as an intern with the department.
- Notify my supervisor of any arrest or citation I may receive for all traffic, misdemeanor or felony charges and all contact with law enforcement officials in their official capacity.
- I am aware that my intern status may be terminated at any time for failing to follow these rules, including the procedures, policies and terms of the Greensboro Police Department and this intern agreement. I have read and understand all the conditions of this agreement and agree to follow all as well.

Intern's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# **GREENSBORO POLICE DEPARTMENT APPLICATION FOR INTERNSHIP**

## **Internship Policy and Procedure**

Each Intern shall be assigned to each of the four divisions for a specified amount of time as determined by the Internship Program supervisor. The amount of time with each division and Intern schedule will be determined by the Intern Program supervisor considering the Interns work schedule, class schedule and other commitments by the intern.

### **CRIMINAL INVESTIGATION DIVISION**

When assigned to the Criminal Investigation Division (CID) the Intern will meet with the Division Sergeant for discussion of the expectations while assigned to CID. The Sergeant shall give the Intern an overview of the division, its personnel, job duties and functions, and areas of expertise and responsibility of each detective.

While assigned to CID the Sergeant shall schedule the Intern to maximize exposure to all facets of CID including time with the Fraud Detective, Juvenile Detective, Persons Detective, and Property Detective. A division summary completed by the Intern may be required by the Intern Program supervisor.

### **PATROL DIVISION**

When assigned to the Patrol Division the Intern will meet with a Division Sergeant for discussion of the expectations while assigned to Patrol. The Sergeant shall give the Intern an overview of the division, its personnel, job duties, functions, and many aspects of the Patrol Division. The Sergeant shall explain the shifts, the hours, rotation schedule, and the Interns assignment while assigned to Patrol. The Sergeant shall assign the Intern to selected Patrol Officers, rotating this selection so as not to narrow the Intern experience by assignment to the same officer. A division summary completed by the Intern may be required by the Intern Program supervisor.

### **SUPPORT SERVICES DIVISION**

When assigned to the Support Services Division the Intern will meet with the Division Sergeant for discussion of the Interns schedule and expectations during the internship. Within this division the Sergeant shall coordinate a departmental Intern I.D. and key card badge. The Sergeant shall give the Intern an overview of the division, its personnel, job duties and functions and areas of expertise and responsibility of each division officer. The Division Sergeant shall ensure that the Intern is scheduled time with the Community Relations Officer, Community Support Officer and School Resource Officer. The Division Sergeant shall ensure the Intern is exposed to the vehicle maintenance process and Citizens Police Academy and Safety City if in session at the time of Internship. The Intern may be exposed to an overview of the CALEA process and shall be provided time with the Property and Evidence Officer, Administrative Specialist and Administrative Technician functions. The Intern may be involved with converting paper files into electronic files using software used by many departments and businesses.

### **OTHER AREAS**

- Firearms and Range use
- Patrol Division
- Support Services, CID)
- City Council meetings

At the completion of the Internship hours the Internship Program supervisor will write up an evaluation of the intern based on observations and feedback from the Division Sergeants.



**GREENSBORO POLICE DEPARTMENT  
RIDE-ALONG/INTERN DRUG & CRIME FREE POLICY**

The Greensboro Police Department is a drug free work environment. As such it is the policy of the Greensboro Police Department that as a Ride-Along/Intern you will not be in possession/use of any controlled substances, except with the approval and guidance of a licensed physician of Georgia and the knowledge of the program supervisor. At no time may you as a Ride-Along/Intern in this program be under the influence of controlled substances where such use or influence impairs or compromises the efficiency and integrity of the department/City of Greensboro.

As a Ride-Along/Intern you will voluntarily give a urine sample to determine the presence of controlled substances at the request of the program coordinator or his/her designee. As a Ride-Along/Intern with the Greensboro Police Department you may be required to give a urine sample before beginning the program or randomly during your internship.

As a Ride-Along/Intern you will also refrain from consuming alcohol during your scheduled time with the Greensboro Police Department. Further as a Ride-Along/Intern you shall not be in possession of and/or use alcohol during your scheduled time at the Greensboro Police Department. No Ride-Along/Intern shall be, to any degree, under the influence of an alcoholic beverage. As a Ride-Along/Intern you will voluntarily submit to a preliminary breath test (PBT) to test the presence of alcohol in your breath at any time. Such request for a PBT will only be made by the program coordinator or one of his/her designees.

Additionally, while participating in the Ride-Along/Intern Program you shall not violate or attempt to violate any federal, state, county, or municipal law.

By signing this document, I certify that I have read and fully understand the above statements. My signature is an agreement to submit to, upon request, a urine sample to detect the presence of controlled substances in my urine, or a Preliminary Breath Test to determine the presence of alcohol in my breath. In signing this document, I certify that I fully understand that failure to comply with any of the statements will result in my termination from the Ride-Along/Intern program.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
printed

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Greensboro Police Department RIDE-ALONG/INTERN  
EMERGENCY DATA FORM**

Date \_\_\_\_\_ Name \_\_\_\_\_  
(Last/First/MI)

Job Classification \_\_\_\_\_ DOB \_\_\_\_\_

Res. Address \_\_\_\_\_ Res. Telephone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

**Primary Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Res. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Bus. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Cellular No. \_\_\_\_\_

**Secondary Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Res. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Bus. Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Cellular No. \_\_\_\_\_ Alternative No. \_\_\_\_\_

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**YOUR PHYSICIAN INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you Allergic to any Drugs? \_\_\_\_\_ No \_\_\_\_\_ Yes (specify) \_\_\_\_\_

ANY ADDITIONAL INFORMATION YOU WISH TO SUPPLY SO EMERGENCY CARE  
CAN BE OBTAINED FOR YOU QUICKLY, IF NEEDED, PLEASE MAKE NOTATION IN  
THIS SPACE: \_\_\_\_\_

**GREENSBORO POLICE DEPARTMENT  
RIDE-ALONG/INTERN RELEASE, INDEMNITY AGREEMENT AND  
COVENANT NOT TO SUE**

I/We certify that the below information is correct and acknowledge by my/our signature(s) below that I/we agree to the following:

- I/We desire to obtain information relative to the operation of the Greensboro Police Department by being a participant of the Ride-Along/Intern Program.
- I/We understand my participation may include riding in a Greensboro Police Department vehicle as a part of the Ride Along/Intern program.
- I/We fully understand that by participating in this Program, the participant may be exposed to conditions and situations of a hazardous nature. For the sole consideration of being permitted to participate in the "Ride-Along/Intern Program" the sufficiency of this consideration being hereby acknowledged, I/we do hereby covenant and undertake with my/our heirs, guardians, executors and administrators, to forever refrain and desist from instituting or asserting against the City of Greensboro (Greensboro Police Department), its authorized agents, representatives, or personnel, any claim, demand, action or suit of whatever kind or nature, either directly, or indirectly, for injuries or damages to person or property which may result from participation in the "Ride-Along/Intern Program."
- It is understood and agreed that as against the City of Greensboro (Greensboro Police Department) and its authorized agents, representatives, or personnel, this agreement may be pled as a counterclaim or as a defense in bar or abatement to any action of any kind whatsoever brought, instituted, or taken by or on behalf of myself/ourselves on account of any alleged claim or claims against the City of Greensboro (Greensboro Police Department) or its authorized agents, representatives, or personnel.
- I/We do hereby expressly stipulate and agree to indemnify and hold harmless the City of Greensboro (Greensboro Police Department) and its authorized agents, representatives, or personnel against any loss, including costs and fees on account of any action which may be brought against them by me/us or any person in my/our behalf for the purpose of enforcing any claim for damages arising out of participation in the "Ride-Along/Intern Program."
- I/We further expressly understand and agree that the participant will:
  - (1) Abide by the orders of the police officers whom the participant accompanies.
  - (2) Refrain from interfering with the police officers while in the pursuance of their official duties as police officers.
  - (3) Refrain from participating with the police officers while in the pursuance of their official duties as police officers.
- I/We further agree to protect and save harmless the City of Greensboro, (Greensboro Police Department, its agents, representatives, or personnel) from any loss, damage,

or expense on account of claims, liabilities, damages, or injuries which may be sustained by any person or property arising directly or indirectly from any of my/our actions.

**I/WE HAVE CAREFULLY READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND ITS PROVISIONS**

**To be completed by participant:**

DOB (MO/Day/Year) \_\_\_\_\_ Date (MO/Day/Year) \_\_\_\_\_

Telephone \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Date (MO/Day/Year) \_\_\_\_\_

Officer Signature/Badge Number \_\_\_\_\_

Approved By (Supervisor) \_\_\_\_\_

Date (Mo/Day/Year) \_\_\_\_\_

**To be completed by the parent or guardian of a participant under 19 years of age:**

Relationship to Minor Participant \_\_\_\_\_

Date \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Signature: \_\_\_\_\_

## **ACCIDENT WAIVER AND RELEASE: POLICE INTERNSHIP**

A Police Internship is dangerous and carries with it the potential for death, severe injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to, participants, volunteers, officers, and citizens. I hereby assume all the risks of participating in the Police Internship.

I certify that I am physically fit for participation in the Ride-Along Program and have not been advised otherwise by a qualified medical person.

In consideration of my application and permitting me to participate in the Police Internship I hereby, for myself, my executors, administrators, heirs, next of kin, successors, and assigns agree and do as follows:

(A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or damages of any kind which may hereafter accrue to me in participating in or in traveling to and from this event.

**THE FOLLOWING ENTITIES OR PERSONS: THE CITY OF GREENSBORO AND THE GREENSBORO POLICE DEPARTMENT** and its directors, officers, employees, volunteers, representatives, and agents; (B) Indemnify and Hold Harmless the entities or persons mentioned in the paragraph from all liabilities or claims made by other individuals or entities because of any of my actions during this event.

I hereby consent to receive medical and hospital treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Police Internship.

I understand that during the Police Internship or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I am aware that the Police Internship I voluntarily seek to participate in is a hazardous activity. I am voluntarily seeking participation in the Program with the knowledge that there are dangers involved. I agree that I assume and accept all risk of injury or death, and that I do this with intention to relieve the above-named entities and persons from liability to me and all other persons whatsoever.

I hereby certify that I have read this document and I understand its contents.

**To be completed by participant:**

DOB (MO/Day/Year) \_\_\_\_\_ Date (MO/Day/Year) \_\_\_\_\_

Telephone \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Date (MO/Day/Year) \_\_\_\_\_

Officer Signature/Badge Number \_\_\_\_\_

Approved By (Supervisor) \_\_\_\_\_

Date (Mo/Day/Year) \_\_\_\_\_

**To be completed by the parent or guardian of a participant under 19 years of age:**

Relationship to Minor Participant \_\_\_\_\_

Date \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

Signature: \_\_\_\_\_

**GREENSBORO POLICE DEPARTMENT RIDE-ALONG/INTERN  
STATEMENT OF CONFIDENTIALITY AND WAIVER FORM**

I understand that any material, omissions, and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my Ride Along/Intern status. In addition, I authorize and request former employers, schools, individual agencies, organizations, or law enforcement agencies to answer all questions that may be asked and do here withhold such persons harmless for giving any information within their knowledge or record.

As a condition of acceptance as a Ride-Along/Intern, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I understand that I do not have the right to continue my status or utilize appeal rights as a Ride Along/Intern if terminated. Also, I understand that I am not an employee of the City of Greensboro or any department thereof and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Ride-Along/Intern with the Greensboro Police Department, I will hold all names and information regarding the Department in the strictest confidence. Further, I understand that intentional or involuntary disclosure of confidential information to unauthorized sources may result in my termination as a Ride-Along/Intern.

I further agree to release the City of Greensboro, Georgia, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while performing the duties of a Ride Along/Intern.

Ride Along/Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator of Ride-Along/Intern Program \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

I, \_\_\_\_\_, authorize the Greensboro Police Department to conduct a background check in connection with my application for the Ride-Along/Intern Program.

The investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle records, listed personal references and/or developed references, previous employers and/or present employers and other appropriate sources. Additionally, this information may include results of previous background investigations as well as information related to substance abuse.

I authorize the release of any information that the Greensboro Police Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for the Ride-Along/Intern Program.

I fully understand all information gained from such investigation is confidential and will be released only to authorized persons of the Greensboro Police Department.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentation, omissions, or falsifications in any of the applications and/or documents furnished for the position and/or answer to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions, or falsifications my application may be rejected or, if already accepted into the Ride-Along/Intern Program, my application/position may be terminated.

I hereby release the Greensboro Police Department, Greensboro, Georgia or any of its agents or representatives and any person so furnishing information from all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and information for the investigation made by the Greensboro Police Department.

**ONLY SIGN IN THE PRESENCE OF A PUBLIC NOTARY**

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Public Notary