



EFFINGHAM POLICE DEPARTMENT INTERNSHIP APPLICATION

LAST FIRST MI

ADDRESS

CITY STATE ZIP CODE

TELEPHONE DATE OF BIRTH CURRENT AGE

SEX: MALE FEMALE

DO YOU HAVE A DRIVER'S LICENSE? YES NO

If yes, Driver's License #: _____ Driver's License State: _____

SCHOOL YOU'RE ATTENDING: _____
NAME CITY/STATE/ZIP CODE

DEGREE PURSUING

What would you like to see out of the program?

Have you ever been charged / arrested for a traffic offense? YES NO

If yes, what was the charge and date? _____

Have you ever been charged / arrested on a criminal charge? YES NO

If yes, what was the charge and date? _____

Have you ever undergone treatment or sought counseling for drug-related problems? YES NO

If yes, explain in detail below:



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Alcohol / Liquor Consumption:

Describe in your own words, the frequency and extent of your use of intoxicating liquors:

Declare if you have used or tried any of the substance below **EVEN ONCE** (excluding legitimate prescriptions). List any other substances / controlled substance you have taken not listed below.

*****You will be questioned on this information during your background interview later in the process.*****

Substance	Date First Used	Date Last Used	Total # of Times Used	Avg Times Used (per week, month)	Total Time Used (# of months/yrs)	Never Used, NOT EVEN ONE TIME
Marijuana/Hashish						
Amphetamines/Speed						
Methamphetamine						
Cocaine/Crack						
Heroin						
Inhalants						
LSD						
PCP						
Barbiturates/Tranquilizers						
Hallucinogenics						
Ecstasy						
Steroids						
Other						

*****Month and year must be included, particularly if the use was within the past five (5) years.*****

Attach extra copies of this section if necessary to provide a complete history.

Have you ever sold drugs or narcotics to anyone? YES NO

If yes, explain in detail:



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Have you ever given or furnished drugs or narcotics to anyone? YES NO
If yes, explain in detail:

Are you interested in Law Enforcement? YES NO

CHECK ALL THAT APPLY:

- | | | |
|------------------|----------------|--------------------------------------|
| STATE | FEDERAL | LOCAL |
| PATROL | SRO | K-9 |
| DETECTIVE | C.S.I | COMPUTER/CELL PHONE FORENSICS |
-

By submitting a completed and signed application for enrollment, I give my permission for the Effingham Police Department to conduct a check into my background. I also understand that any false information included in this application will be reasonable grounds for my disqualification to participate in the Effingham Police Departments Internship program.

SIGNED

DATE

EMERGENCY CONTACT INFORMATION:

NAME

RELATIONSHIP

ADDRESS

CITY

ZIP

PRIMARY PHONE NUMBER

CELL PHONE NUMBER



EFFINGHAM POLICE DEPARTMENT INTERNSHIP APPLICATION

RELEASE AND WAIVER FORM

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR CITY OF EFFINGHAM INTERNSHIP PROGRAM

PLEASE READ CAREFULLY

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT, IN SIGNING UP AND PARTICIPATING IN THE ABOVE PROGRAM, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES ARISING OUT OF THIS PROGRAM, THAT YOU OR THE ABOVE PARTICIPANT MIGHT SUSTAIN. THE TERMS "I," "ME," AND "MY" ALSO REFER TO PARENTS OR GUARDIANS AS WELL AS THE PARTICIPANTS IN THE PROGRAM. IN REGISTERING FOR THE PROGRAM, YOU ARE AGREEING AS FOLLOWS:

AS A PARTICIPANT IN THE PROGRAM, I RECOGNIZE AND ACKNOWLEDGE THAT I WILL BE EXPOSED TO HIGHLY CONFIDENTIAL MATERIAL, INCLUDING BUT NOT LIMITED TO L.E.A.D.S., MEDICAL, PERSONAL, PRIVATE AND CRIMINAL INFORMATION. I UNDERSTAND AND ACKNOWLEDGE THAT CONFIDENTIAL INFORMATION SHALL INCLUDE, BUT NOT BE LIMITED TO DOCUMENTS, RECORDS, INFORMATION AND DATA (WHETHER VERBAL, ELECTRONIC OR WRITTEN), AND I FURTHER ACKNOWLEDGE AND AGREE TO HOLD IN CONFIDENCE ANY AND ALL INFORMATION RECEIVED THROUGH MY INTERNSHIP, AND AGREE NOT TO DISCLOSE ANY INFORMATION TO ANY INDIVIDUAL OR INDIVIDUALS PERTAINING TO CONFIDENTIAL INFORMATION RECEIVED DURING MY INTERNSHIP.

AS A PARTICIPANT IN THE PROGRAM, I RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY, AND I AGREE TO ASSUME THE FULL RISK OF ANY INJURIES, INCLUDING DEATH, DAMAGES OR LOSS WHICH I MAY SUSTAIN AS A RESULT OF PARTICIPATING, IN ANY MANNER, IN ANY AND ALL ACTIVITIES CONNECTED WITH OR ASSOCIATED WITH SUCH PROGRAM. I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT ALL ACTIVITIES INVOLVING STRENUOUS EXERTION OR POTENTIAL BODY CONTACT ARE HAZARDOUS ACTIVITIES AND INVOLVE SUBSTANTIAL RISKS OF INJURY.

I, AGREE TO WAIVE AND RELINQUISH ANY AND ALL CLAIMS I MAY HAVE AS A RESULT OF PARTICIPATING IN THE PROGRAM AGAINST THE CITY OF EFFINGHAM POLICE DEPARTMENT, ANY AND ALL OTHER PARTICIPATING OR COOPERATING GOVERNMENTAL UNITS, ANY AND ALL MENTAL BODIES AND INDEPENDENT CONTRACTORS, AND ANY AND ALL OTHER PERSONS AND ENTITIES, OF WHATEVER NATURE, THAT MIGHT BE DIRECTLY OR INDIRECTLY LIABLE FOR PARTIES DESCRIBED IN THE PRECEDING SENTENCE ARE REFERRED TO AS "RELEASED PARTIES" IN THE REMAINDER OF THIS AGREEMENT.

I, DO HEREBY FULLY RELEASE AND DISCHARGE THE CITY OF EFFINGHAM POLICE DEPARTMENT AND THE OTHER RELEASED PARTIES FROM ANY AND ALL CLAIMS FOR INJURIES, INCLUDING DEATH, DAMAGE OR LOSS WHICH I MAY HAVE OR WHICH MAY OCCUR TO ME ON ACCOUNT OF MY PARTICIPATION IN THE PROGRAM.

I, FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE EFFINGHAM POLICE DEPARTMENT OF THE CITY OF EFFINGHAM, AND ANY AND ALL OTHER RELEASED PARTIES, FROM ANY AND ALL CLAIMS RESULTING FROM INJURIES, INCLUDING DEATH, DAMAGES AND LOSSES SUSTAINED BY ANYONE, AND ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH MY CONDUCT AND THE ACTIVITIES OF THE PROGRAM.

I, FURTHER UNDERSTAND AND AGREE THAT THE TERMS SUCH AS "PARTICIPATION" "PROGRAM" AND "ACTIVITIES" REFERRED TO IN THIS AGREEMENT, INCLUDED ALL EXERCISES AND PHYSICAL MOVEMENTS OF ANY NATURE WHILE I AM PARTICIPATING IN THE PROGRAM, AND FURTHER INCLUDE THE PROVISION OF OR FAILURE TO PROVIDE PROPER INSTRUCTIONS OR SUPERVISION, THE USE AND ADJUSTMENT OF ANY AND ALL MACHINERY, EQUIPMENT, APPARATUS, AND ANYTHING RELATED TO MY USE OF THE SERVICES, FACILITIES, OR PREMISES INVOLVED IN THE PROGRAM.

I, UNDERSTAND THE NATURE OF THE PROGRAM FOR WHICH I AM REGISTERING, AND HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT. I FURTHER UNDERSTAND THAT ANY ADVISEMENTS OR WARNINGS OF THE PARTICULAR RISKS OF THIS PROGRAM THAT I SUBSEQUENTLY RECEIVE WILL BE INCORPORATED BY REFERENCE INTO AND BECOME A PART OF THIS AGREEMENT.

SIGNATURE OF PARTICIPANT

DATE