New Britain Police Department

Internship Program
Application Form

This application form is to be completed by the student applying for entry to the Internship Program operated in conjunction with C.C.S.U.'s Criminal Justice – Field Study Program. Any student who fails to complete the application or furnishes false information will **not** be accepted into the program.

The applicant must be able to pass a background check consistent with the P.O.S.T.C. requirements for entry level police candidates.

THE CHIEF OF POLICE RESERVES THE RIGHT TO REFUSE AND DENY ANY STUDENT ENRTY OR CONTINUATION IN THE NEW BRITAIN POLICE DEPARTM,ENMTS'S INTERNSHIP PROGRAM.

Internship Semester: _____ Year: _____
(Spring, Summer, Fall)

Students Name: _____
(Print: Last Name, First Name, Middle Initial)

Date of Birth: _____/_____/_____ Driver's License: _____
(State and Number)

Local Address: _____
(Number, Street, City, State, Zip Code)

Local Telephone Number: (____)_____

Cell Phone Number: (____)_____

Email Address: _____

Permanent Address: _____
(Number, Street, City, State, Zip Code)

Home Telephone Number: (____)_____

Person to Contact in Case of Emergency: _____

Emergency Telephone Number: (____)_____

Social Security Number: _____

New Britain Police Department

Release and Wavier

I, _____, for myself, my heirs and assigns, do hereby release and discharge the CITY OF NEW BRITAIN, and its agents, officers, employees, successors and assigns, from any and all actions, causes of action, claims and demands for, upon or by reason of any damage, loss of injury, including death, which hereafter may be sustained by me in consequence of riding in a police cruiser operated by employees of the CITY OF NEW BRITAIN.

I expressly assume all risks connected with being a passenger in a police cruiser, waive all rights which may accrue to me in the event I should suffer personal injury, including death, or property damage during the course of riding in a police cruiser and expressly agree not to bring any action or claim against the CITY OF NEW BRITIAN, its agents, officers, employees, successors or assigns.

IN WITNESS WHEREOF, I have here unto set my hand and seal this _____ day of _____, 20_____

_____

STATE OF CONNECTICUT)
) ss: _____ _____, 20____
COUNTY OF_____)

Personally appeared, _____, who signed the forgoing Release and Waiver and acknowledged the same to be his free act and deed, before me.

Notary Public
Commissioner of Superior Court

New Britain Police Department

AGREEMENT TO PROTECT CONFIDENTIALITY OF COMPUTER CRIMINAL RECORD DATA

I am aware that Section 29-16 of the Connecticut General Statutes prohibits the dissemination of criminal record data contained in the files of the Connecticut State Bureau of Identification to anyone other than Governmental Units: Law Enforcement, Probation, Courts, etc; also, that pending Federal Regulations will prohibit divulging computerized record information to unauthorized persons. I hereby agree NOT to violate the confidentiality of the computerized criminal record data that may come to my attention and promise NOT to use such information for personal purposes as prohibited by Law.

I understand that any violation of this agreement by me could result in my Department being prohibited from further access to computerized information; that I could be forbidden further access to the terminal and its information; that I could become the subject of an Official Investigation; and that this could lead to an Arrest and Conviction for violation of State and Federal Laws and Regulations designed to protect the confidentiality of computerized criminal record information.

Read and Agree to by: _____ (Intern)

Name of Agency / School: _____

Date of Signature: _____

Witnessed by: _____ (Title)

New Britain Police Department

10 Chestnut Street, 3rd floor
New Britain, Ct. 06051

Release and Waiver

In Consideration for participation in the New Britain Police Department Internship Program, _____ (Name of School/University) and _____ (name of intern), do hereby indemnify, release and forever discharge the New Britain Police Department, the City of New Britain, New Britain Consolidated School District and all employees, agents, servants or members thereof, acting in their official capacity or otherwise, from and for any and all claims, demands, actions, or sits claiming damages as a result of any action or omission by any individual, the New Britain Police Department, the City of New Britain, New Britain Consolidated School District and any and all employees, agents, servants, or members thereof.

I/We understand that there are inherent risks involving in participating in a police internship program, including, but not limited to, the risk of serious injury or death. I/We expressly assume all risks involved in the New Britain Police Department Internship Program, including in the names risk, and any other risk associated therewith.

I/we agree to abide by any and all rules, regulations, conditions, or instructions set forth by the New Britain Police Department, its employees, agents, servants, or member concerning the internship program.

Central Connecticut State University will provide liability insurance for the intern while the intern is working with the New Britain Police Department.

The "City of New Britain and Consolidated School District" shall be named as "Additional Insured", and you agree to provide a replacement/renewal certificate as least 60 days prior to the expiration of the policy.

_____ _____

(Print and Sign)
University/School Internship Director Date

_____ _____

(Print and Sign)
Intern Date

CONTROLLED FIELD OBSERVATION APPLICATION

NAME: _____ D.O.B._____
(Last, first, middle initial)

ADDRESS: _____

_____

HOME TELEPHONE: _____ WORK #: _____

SCHOOL OR EMPLOYER: _____

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? Yes____ No ___

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? Yes ___ No ___

WHAT KIND? _____

HAVE YOU READ AND UNDERSTOOD THE WAIVER? Yes ___ No ___

HAVE YOU READ AND UNDERSTOOD THE GUIDELINES? Yes ___No __

SIGNATURE OF APPLICANT: _____ DATE: _____

ADMINISTRATION SECTION

NCIC CHECK: _____ CJIS CHECK: ___ RECORD: Yes ___ No ___

APPROVED: _____ REJECTED: _____

_____
Chief Matthew Marino

_____
(dated)

You are not required to release any personal medical information; however failure to do so may prevent you from participating in this program.

New Britain Police Department

WAIVER OF LIABILITY

For and inconsideration of the undersigned being given the opportunity of observing police operations and functions of the New Britain Police Department by riding in a car operated by members of the New Britain 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 to, and releases the City of New Britain Connecticut and the New Britain Consolidated School District from any and all liabilities, his heirs, dependents and/or others may make against the City of New Britain Connecticut and its employees.

Signed: _____ Date: _____

Name: _____ D.O.B.: _____

Address: _____

_____

Witnessed: _____

(Circle one) Approved: Not Approved:

(Chief of Police): _____

Officer Assigned to: _____

Date and Time to observe: _____