

(978) 538-6308



6 ALLEN'S LANE PEABODY, MASSACHUSETTS 01960



E-mail: mail@peabodypolice.org Website: www.peabodypolice.org Fax: (978) 538-6335

The Peabody Police Department's Internship Program provides undergraduate and graduate students from accredited colleges and universities who are pursuing a degree in the field of Criminal Justice the opportunity to gain valuable experience and life skills through participating in day-to-day functions of the Peabody Police Department.

Our mission is to provide research and task management assignments that support administrative procedures and policies. The assigned tasks shall increase an intern's knowledge of the law enforcement community, utilize the intern's research and database knowledge, and strengthen his or her research, writing, and verbal skills. Interns will be assigned special projects at the discretion of the Chief of Police on a regular basis.

<u>Goals:</u>

To gain valuable professional experience in a law enforcement environment

To develop and strengthen research, verbal, and writing skills

To acquire knowledge of the Peabody Police Department's functions, operations, and command structure

Requirements:

- 1. Must be a student currently enrolled at an accredited college or university.
- 2. Must be in pursuit of a degree in Criminal Justice or a related field.

Deadlines:

Although there is no specific application deadline, applicants are strongly encouraged to apply several months prior to the start of the semester they are seeking to intern. Interns are selected on a first come, first serve basis.

Questions:

Please direct all questions to the Peabody Police Department's Internship Supervisor, Captain Douglas Marcus

Contact information is provided below:

dmarcus@peabodypolice.org

(978) 538-6319

Application Instructions:

Create a <u>single</u> packet containing the following documents in the following order:

- a. Cover Letter
- b. Resume
- c. Typed PPD Internship Program Application

Pages 6-7 must be notarized

- d. <u>Official</u> College Transcripts in sealed envelope
- e. Copy of Driver's License
- f. Copies of pertinent certifications/training
- g. Internship Supervisor's <u>or</u> Department Head's contact information

Send the application packet containing all of the previously listed documents to:

Peabody Police Department ATTN: Captain Douglas Marcus 6 Allens Lane Peabody, MA 01960

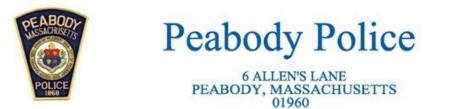
Any incomplete packets will not be processed

Please direct all questions and concerns to Captain Douglas Marcus at:

Marcus at: Email:dmarcus@peabodypolice.org

Include in the Subject Line: Full Name - Peabody Police Department Internship

Phone: (978) 538-6319



Internship Program Application

Personal Information: Last Name:	First Name:		Middle Name:
	First Name:		A
Home Address:			Apt:
City:	State:		Zip Code:
Date of Birth:	Age: Sex: I	Male Female Social So	ecurity:
Place of Birth:	City St	ate/Country	Race:
Other Names Used:			Home Phone:
Cell Phone:	Work Phone:		E-mail Address:
Previous Address(es) Last 5 Years:			
Education Background:			
	education completed and type of degree	received:	
High School:			City, State:
High School:	/A 🗌 High School 🔲 GED Cert Diploma	ificate	
College/University:			City, State:
College/University:	Some College 📄 Associates [Bachelors Master	s PhD Law Other:
Degree Concentration:			
College/University:			_ City, State:
College/University:	Some College Associates	Bachelors Master	
Degree Concentration:			
Military Experience:			
Military Service Branch:			Rank:
Time Served		Date Discharged:	
Foreign Language: (Indicate leve	l of proficiency: Advanced, Intermediate,	or Novice)	
Language:	Spoken:	Written:	Read:
Language:	Spoken:	Written:	Read:

Driving Record:					
Massachusetts Drivers Licer	nse Number (Please provide a pho	otocopy):			
Has your license ever been	Has your license ever been suspended or revoked? Yes No				
If Yes, please explain:					
	5 years: e of citation (Speeding, Failure to ponsible, etc.). Provide full details			of citation. (Fined (include	
Type of Citation:		Date:	Disposition:		
Type of Citation:		Date:	Disposition:		
Type of Citation:		Date:	Disposition:		
Motor Vehicle Accidents for the last 5 years: Please provide date of accident, and disposition of accident (Responsible, Not Responsible). Provide full details on supplemental sheet if necessary. Accident Date: Location: Disposition:					
Accident Date:	Location:		Disposition:		
sentences). Provide full (Date:	he agency or court, date of contact details on supplemental sheets if Agency or Court: Agency or Court: Agency or Court:	necessary.:	Charge: Disposition: Charge: Disposition:	of incident (including deffered	
Sentence:			Disposition:		
number.	ences. List 3 individuals you have		Phone Numbe	mplete address, and telephone r: Apt:	
City:	St	ate:	Zip Code:		
Full Name:				r:	
Address:				Apt:	
		ate:			
Full Name:				r:	
Address:				Apt:	
City:	St	ate:	Zip Code:		

Employer History: (Please fill out completely) List employment for the	e last 5 years beginning wit	h the most recent. Provide full de	tails on supplemental sheets if
necessary. Firm Name:		Supervisor:	
Phone:		 Date From/Date To (Month/	/Year):
Address:			,
City:	State:	Zip Code:	
Firm Name:		Supervisor:	
Phone:		Date From/Date To (Month)	
Address:			
City:			
Firm Name:		Supervisor	
Phone:			/Year):
Address:			
City:			
Firm Name:		Supervisor:	
Phone:		Date From/Date To (Month,	/Year):
Address:			
City:	State:	Zip Code:	
Internship Interests:			
The Peabody Police Department Internship Program	n requires a minimum 10 hou	ur per week commitment. Please ir	ndicate the approximate
days and times you are available to intern.			
Hours available:		Mon. Tues. Wed. Th	hurs. 🔄 Fri.
Briefly state why you wish to intern at the Peabo	dy Police Department. Th	is question MUST be answered.	
List any skills, interests, published research, etc.			
L List memberships in any community organization a	and previous/currents volur	teer experiences/internships	
Emergency Contact:			
Name:	Relationship:	Phone Number	:
Address:			Apt:
City:	State:	Zip Code:	
Name:	Relationship:	Phone Number	:
Address:			Apt:
City:	State:	Zip Code:	

CONFIDENTIALITY AGREEMENT

I agree to treat all information I receive from reports, officers, or victims as confidential. I understand that I could jeopardize the ultimate investigation of a crime by revealing information. I will not discuss any aspect of a crime or investigation with any person unless directed to do so by my supervisor. I agree that I will not use my association with the Peabody Police Department to seek favors for others or myself.

Signature

Date

INFORMATION AUTHORIZATION

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Peabody Police Department any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original.

Signature

Date

LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT

I understand that I am not an employee of the City of Peabody. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for purpose of the Fair Labor Standards Act. I wish to volunteer my services to the City of Peabody Police Department and/or observe members of the Peabody Police Department perform their duties. I understand that my status as a Volunteer in Police Service (V.I.P.S.) may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold the City of Peabody Police Department, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness or death, or property loss of use.

Signature	D	ate	
SUBSCRIBED AND SWORN TO ME on this the	day of	, 20	
Notary Public Sign	ature		
My Commission Expires:			
		Notary Seal/St	amı

Peabody Police Department

AUTHORITY FOR RELEASE OF INFORMATION

I, _________ on ________ on _______, having filed an application for volunteering for the Peabody Police Department, consent to have an investigation made as to my moral character, reputation, medical and psychological fitness for the position to which I have applied. I consent to have such information as may be received or developed, reported in full to the appointing

applied. I consent to have such information as may be received or developed, reported in full to the appointing authority or his authorized designee. I agree to give further information, which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, hospital, clinic, physician, counselor, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the Peabody Police Department any such information, including documents, records, files, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Peabody Police Department or any of its agents or representatives to inspect and make copies of such documents, records or other information.

Specifically, I hereby authorize the release of the following data or records:

CRIMINAL AND/OR COURT RECORDS

I hereby release, discharge, exonerate the Peabody Police Department and the City of Peabody and their agents and representatives, and any person furnishing information thereto, from any and all liability of every nature and kind arising out of the developing, furnishing, or inspecting of such documents, records or other information and the conducting of any interviews, evaluations or investigations made by or on behalf of the Peabody Police Department and the City of Peabody. The authority shall continue for one year unless sooner revoked in writing by the undersigned.

Applicant Name	Applicant Signature	Date
-	Notary Public Signature	
	My Commission Expires:	
DRI	VING RECORDS AND LICENSE INFORMATION	Notary Seal/Stamp

I hereby release, discharge, exonerate the Peabody Police Department and the City of Peabody and their agents and representatives, and any person furnishing information thereto, from any and all liability of every nature and kind arising out of the developing, furnishing, or inspecting of such documents, records or other information and the conducting of any interviews, evaluations or investigations made by or on behalf of the Peabody Police Department and the City of Peabody. The authority shall continue for one year unless sooner revoked in writing by the undersigned.

Applicant Name	Applicant Signature	Date		
	Notary Public Signature			
	My Commission Expires:			