



# Office of the Sheriff

Charles County, Maryland

Headquarters

6915 Crain Hwy- P.O. Box 189

La Plata, Maryland 20646-0189

301-609-5933



## Internship Application

The purpose of this application is to give applicants an opportunity to share their background, experience, interest, and skills. The Charles County Sheriff's Office does not discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability, or any other basis prohibited by federal, state or local law. All sections must be thoroughly completed. If a question is not applicable, indicate N/A. If your application is not thoroughly completed, it will not be processed.

### PERSONAL PROFILE

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

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Citizen:  Yes  No Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Why would you like to be considered for this program?

Do you have a criminal record?  Yes  No If yes, please list all offenses, locations, and actions taken:

Have you ever been convicted or charged for any felony, firearms or explosives offense?  Yes  No

If yes, please list all offenses, locations, and actions taken:

Do you have credit problems or any judgments against you?  Yes  No If yes, please explain:

PREFERENCES

What is your main interest at the Sheriff's Office? \_\_\_\_\_

Availability:  Long term  Short term

Approximate Start Date: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_

Select the days and hours you can be available:

Mon  Tue  Wed  Thur  Fri  Sat  Sun  
 AM  AM  AM  AM  AM  AM  AM  
 PM  PM  PM  PM  PM  PM  PM

Have you ever participated in a criminal justice program or volunteered at a law enforcement agency?

Yes  No If yes, please complete the following questions:

Date: \_\_\_\_\_ Program/Agency: \_\_\_\_\_

Advisor/Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EDUCATION

High School Name: \_\_\_\_\_ GPA: \_\_\_\_\_

College Name: \_\_\_\_\_ GPA: \_\_\_\_\_

Major: \_\_\_\_\_

Will you receive high school or college credits for this Internship?  Yes  No

If yes, how many credits will you earn: \_\_\_\_\_

How many hours do you need to acquire: \_\_\_\_\_

Instructors Name: \_\_\_\_\_

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

WORK EXPERIENCE

Name, address, and contact number of your last 2 employers:

Company Name: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SKILLS

What general skills would you like to share?

What Microsoft Office applications are you familiar with?

EMERGENCY CONTACT

Emergency Contact Information

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

VOLUNTARY INFORMATION

Special accommodations necessary to participate in the program:

Medical conditions:

REFERENCES

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Years known: \_\_\_\_\_

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

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

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**NOTICE TO APPLICANT**

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Please read carefully: In submitting this application and by signing this document, I authorize investigation of all statements contained therein. I authorize the Charles County Sheriff's Office to make any contacts necessary to conduct criminal history, credit, professional and personal reference checks to inquire about my ability to perform all aspects of the internship/volunteer position for which I am being considered and I release the Charles County Sheriff's Office and those individuals/institutions that provide information from any liability that may arise from the provisions of this information. I agree to provide the Charles County Sheriff's Office with all information necessary to conduct these checks.

If I am under 18, I will ask for parental/legal guardian consent before submitting this application to the Charles County Sheriff's Office. If I fail to abide by all requirements, I understand I forfeit consideration as a Charles County Sheriff's Office intern. I understand that all information will be kept confidential and will be used only for internship qualification purposes. I understand that this application is the property of the Charles County Sheriff's Office and will become part of my permanent file if I am accepted into the Internship Program.

I understand that official acceptance into the Internship Program is only made in writing by the Internship Program Coordinator. Any prior conversations regarding the Internship Program and related matters are considered preliminary and do not constitute as acceptance into the program. Therefore, no change in my current status should be made in reliance on any statement, conversation, or representation other than in a written notification of acceptance into the Internship Program from the Internship Program Coordinator.

Please check boxes below:

- I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS.
- I CERTIFY THAT I HAVE NOT ALTERED THE CONTENTS OF THIS APPLICATION IN ANY WAY AND THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT WITHOUT OMISSIONS. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION IS GROUNDS FOR DISMISSAL AS AN INTERN/VOLUNTEER.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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APPLICANT MUST INCLUDE A CLEAR COPY OF DRIVER'S LICENSE  
*IF YOU ARE UNDER 18, PARENTAL/LEGAL GUARDIAN CONSENT IS REQUIRED*

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Parent / Legal Guardian Printed Name: \_\_\_\_\_

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

## **INTERNS EXPECTED AREAS OF KNOWLEDGE OF THE INNER OPERATIONS OF THE SHERIFF'S OFFICE**

Interns will be exposed to and develop substantial knowledge in Sheriff's Office operations. Listed below are a few examples interns may participate in or learn about:

Interns will understand the importance of the administrative tasks of the Sheriff's Office and acquire knowledge about the law enforcement accreditation process and making the necessary changes to comply with the requirements of accreditation. Interns will learn what standards the agency must meet and all the requirements to be accredited and re-accredited. Interns will assist staff in data entry and filing vital records to include traffic tickets, domestic orders, deputy summons and criminal information reports.

Interns will observe practical criminal and internal investigations conducted by our Criminal Investigations Division (CID) and the Office of Professional Responsibilities. In addition to criminal investigations, they will learn about the other duties and responsibilities of CID such as interrogation and updating and maintaining the sex offender registry to ensure registered sex offenders are in compliance with the law.

Interns will understand the protocols taken by Crime Scene Technicians while gathering and photographing evidence as well as have an opportunity to learn the process of lifting fingerprints. Some interns may have an opportunity to visit the state crime lab where our Crime Scene Technicians transport specific types of evidence.

Interns will learn about pro-active approaches law enforcement agencies engage in, such as drunken driving enforcement through sobriety check points, seat belt enforcement through seat belt check points, speeding enforcement, and accident enforcement through aggressive driver reduction. Interns will learn what administrative and operational tasks occur within a traffic safety section.

Interns will participate in operational tasks with the Special Operations Division (SOD) and become familiar with the essential equipment and gear necessary for a successful SOD operation. Interns will learn about the different equipment and gear used in law enforcement.

The Corrections Division is responsible for protecting the citizens of Charles County from intentional or accidental harm by providing a safe, secure, and humane detention center for inmates and detainees. As an intern in the Corrections Division, the intern will have direct experience with offenders through the following assignments:

- Inmate Services / Gang Intelligence – The intern will learn proper inmate classification which directly affects an offenders housing and assignment to offender re-entry/community supervision programs. Additionally, the intern will be exposed to the calculation of sentence diminutions as well as inter and intra state extraditions. They will acquire knowledge in gang member intelligence, inmate transfer coordination, DNA tracking/collection and parole submission/interview.
- Community Supervision Unit - While inmate services/gang intelligence is responsible for properly classifying inmates to community programs, the Community Supervision Unit (CSU) monitors assigned inmates on the Work Release, Home Detention and Work Incentive Programs. Interns will understand all facets of administrative documentation as well as the physical aspect of tracking inmates while in the community. Finally, the intern will gain knowledge of the transportation section and the sex offender program.
- Central Booking Unit – The intern will have an opportunity to be exposed to the booking process from the time the law enforcement officer delivers the inmate/detainee to release or commitment to the detention center. The intern will understand the importance of safety and security protocols for newly booked offenders. Additionally, the importance of ensuring the accuracy of data input in the

offender case management system which uploads to the judicial system as well as to allied law enforcement and correctional agencies in the State of Maryland.

- Inmate Housing – The final assignment will be a rotation through the inmate housing units to gain experience in working the varied types of inmate security classifications, i.e., Minimum, Medium, Maximum, Administrative and Disciplinary Segregation, Special Needs, Protective, Custody, etc...



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301-609-6400



## Release and Waiver of Liability

*Each Volunteer/Intern must have a signed "Release and Waiver of Liability" on file. This form must be completely filled out and submitted to the appropriate department. Please read carefully. This is a legal document that affects your legal rights.*

This release and waiver was executed on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_ by \_\_\_\_\_ (the "Volunteer/Intern") and \_\_\_\_\_ (the "Guardian" if Volunteer/Intern is a minor child). The Volunteer/Intern desires to serve as a Volunteer/Intern for Charles County Sheriff's Office (CCSO) and engage in activities related to being a Volunteer/Intern. The Volunteer/Intern (and guardian) does hereby release and forever discharge and hold harmless CCSO and County Government and its successors and assigns from any and all liability, claims, and demands of whatever kind and nature, either in law or equity, which arise or may hereafter arise from Volunteer/Intern's activities with CCSO.

Volunteer/Intern (and Guardian) understands that this release discharges the CCSO and County Government from any liability or claim that the Volunteer/Intern (or Guardian) may have against the CCSO or County Government with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer/Intern's activities with the CCSO, whether caused by the negligence of CCSO or its officers, directors, employees, agents or otherwise. Volunteer/Intern (and Guardian) also understands that CCSO and County Government does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance in the event of injury or illness.

Volunteer/Intern (and Guardian) understands that, except as otherwise agreed to by CCSO in writing; the CCSO does not carry or maintain health, medical, or disability insurance coverage for any Volunteer/Intern. The Charles County Government maintains general liability insurance, which may or may not apply to specific circumstances. Each Volunteer/Intern is expected and encouraged to obtain his or her own medical or health insurance coverage.

Volunteer/Intern (and Guardian) expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. Volunteer/Intern (and Guardian) agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer/Intern (and Guardian) has/have executed this Release as of the day and year first above written.

\_\_\_\_\_  
Signature of Volunteer/Intern

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

\_\_\_\_\_  
Signature of Parent Having Legal Custody  
or Legal Guardian (If Volunteer/Intern is a Minor)

\_\_\_\_\_  
Date

Volunteer/Intern Address: \_\_\_\_\_



## *Charles County Sheriff's Office*

### **Internship Program Agreement**

**In consideration of the Charles County Sheriff's Office giving me permission to perform internship service, I agree to the following terms:**

#### **Confidentiality**

Charles County Sheriff's Office participants may learn of or have access to information (verbal, written, or electronic) which is confidential in nature. Participants are expected to maintain that confidentiality. Any violation of this confidentiality is a violation of agency policy and state law.

1. The undersigned will only access Sheriff's Office records necessary to perform job duties.
2. The undersigned agrees not to divulge, publish or otherwise make known to anyone except Sheriff's Office employees, orally or in writing, any information gained through access to Sheriff's Office records.
3. It is understood and agreed upon that I am prohibited from using any of this information for my personal use or benefit.
4. It is understood and agreed upon that the foregoing conditions DO NOT cease at such time as the undersigned is no longer a program participant with the Sheriff's Office. The undersigned is permanently bound by said regulations on confidentiality.

Initial \_\_\_\_\_

#### **Alcohol, Drugs and Intoxicants**

It is the Sheriff's Office intent and obligation to provide a drug-free, healthful, safe and secure environment. You are required to report for duty free of controlled substances or alcohol which could adversely affect performance, jeopardize the safety of others, or unsafe operation of equipment.

Initial \_\_\_\_\_

#### **Equipment Operation**

You will not cause or contribute to the abuse, damage, alteration or loss of any equipment through negligence or carelessness. Damage to or loss of equipment will be immediately reported to the program coordinator and/or immediate supervisor.

Initial \_\_\_\_\_

#### **Workplace Harassment**

The Sheriff's Office is committed to achieving and maintaining a workplace free of harassment. If you feel you have been subjected to harassment, you are to notify the program coordinator and/or immediate supervisor.

Initial \_\_\_\_\_

## Safe Work Practices and Accident Prevention

If you feel for any reason that you are unable to do assigned work safely, the program coordinator and/or immediate supervisor is to be advised and informed of the reasons. You must report promptly all accidents, no matter how slight, injuries, or safety hazards, to the program coordinator and/or immediate supervisor.

Most accidents and injuries can be avoided by the application of caution and common sense under all working conditions. Make safety the first consideration in every situation. Take every precaution to prevent accidents. Follow instructions and obey and apply safety rules and practices at all times.

Initial \_\_\_\_\_

### Dress Code

You must wear clothing that is comfortable and practical for work, but not distracting or offensive to others. Because all casual clothing is not suitable for the office, the following guidelines will help you determine what is appropriate to wear. This is a general overview of acceptable and unacceptable work attire.

#### Office

- Button-down or polo shirts, blouses
- Khaki pants, capri's or skirts
- Dress or casual shoes
- Jeans are unacceptable

#### Unacceptable Clothing

- Any clothing that has words, terms, or pictures that may be offensive
  - Clothing that reveals too much cleavage, back, shoulder, chest, stomach or undergarments
  - Torn, dirty, or frayed clothing
  - Flip flops
- 
- Clothing should be pressed and never wrinkled
  - Clothing that has your schools program or university logo is encouraged
  - Clothing must fit properly – not too tight or too loose
  - If clothing fails to meet these standards, you will be sent home to change clothes and will receive a verbal warning which will be documented in your file. If clothing fails to meet standards again, you may be terminated from the program
  - No dress code can cover all contingencies so a certain amount of judgment must be exercised in choices of clothing
  - If you experience uncertainty about acceptable, professional casual attire, ask the program coordinator
  - Wear perfume and makeup with restraint, some people are allergic to the chemicals in these items
  - ID badge must be worn at all times – No exceptions!

Initial \_\_\_\_\_

**Tardiness and Absence**

**Office Assignments**

If you are running late or need to reschedule, you must call your immediate supervisor at the Sheriff's Office.

**Ride-Alongs**

If canceling a ride-along you must contact your immediate supervisor of the Division you are assigned or the Coordinator at 301-609-3903 as soon as possible.

- All rescheduling must be coordinated with the program coordinator.
- If procedures are not followed, only one verbal warning will be given which will be documented in your file. If procedures are not followed again, you may be terminated from the program

Initial \_\_\_\_\_

**Additional Items**

- I agree not to go beyond the scope of work agreed to without authorization
- I understand that I or the Sheriff's Office may terminate this Agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason
- I give permission for photos/videos taken of myself during program activities to be used for publicity purposes, without recompense
- I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program
- All positions are non-paid

Initial \_\_\_\_\_

**Program Coordinator, Stephine Gregory at 301-609-3903**

I \_\_\_\_\_ have read and received a copy of this Agreement and agree to abide by the Agreement as a condition of my service and my continuing service at the Charles County Sheriff's Office.

I have read and understand each instructional paragraph. My initials after each paragraph indicate I fully understand their meaning and was given the opportunity to ask questions.

I understand that if I have questions, at any time, regarding the Agreement, I will consult with the program coordinator and/or my immediate supervisor.

**Intern Signature:** \_\_\_\_\_

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

**Witness Signature:** \_\_\_\_\_

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



Charles County Sheriff's Office

STUDENT INTERN WORK AGREEMENT



An Internationally Accredited Agency

I, \_\_\_\_\_, agree to serve as an Educational Intern with the Charles County Sheriff's Office in conjunction with my education program sponsored by: \_\_\_\_\_.

I acknowledge that:

I will be punctual and reliable. I agree to work at scheduled times, as determined by my supervisor and me. I will promptly contact my supervisor if I am delayed or unable to work.

I will disseminate information with caution and seek guidance from staff when in doubt. Information about on-going investigations is not to be discussed outside the Sheriff's Office.

I agree to keep all client data confidential. Names and addresses of victims, suspects, or defendants are not to be discussed outside of the Sheriff's Office. Further, personal addresses and telephone numbers of staff, both sworn and civilian, are to be kept confidential.

Media inquiries should be referred to the appropriate Division Commander.

Any person responsible for misuse or disclosure of confidential information is subject to immediate dismissal. Violations may also result in legal action.

Interns may only give out the case number of a report in response to inquiries from citizens. No other information should be released over the phone unless specifically authorized by my supervisor.

Information is available to other police jurisdictions upon proper identification. These requests should be referred to a full-time Sheriff's Office employee.

Computer systems connected to external data bases (i.e. NCIC, MILES, CJIS) are not accessible to interns without permission of the immediate supervisor.

Codes for locks on doors to which interns have access must not be given to anyone else.

I understand that regular briefing sessions will be held with my supervisor at which time questions regarding Agency operation may be clarified.

I understand that my performance may be reviewed and evaluated at regular intervals. I will also have the opportunity to formally evaluate my position at those times.

I agree to obtain permission from my supervisor prior to discussions about Sheriff's Office affairs with government officials outside the Sheriff's Office.

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date