

Dear Prospective Intern:

Thank you for your interest in the Omaha Police Department's internship program. Enclosed are an informational brochure, handout, and application packet. The brochure and handout briefly describe Omaha Police Department's intern program. If you are still interested in participating in the internship program after reviewing the enclosed materials, complete the application packet that includes:

1. **Intern Application** – provides background information on the applicant. Requires signature of the applicant and Faculty Advisor.
2. **Volunteer/Intern Agreement** – lists specific rules and regulations governing an intern of the Omaha Police Department. Requires the signature of the applicant.
3. **Volunteer/Intern Statement of Confidentiality and Waiver Form** – addresses specific topics an intern agrees to uphold. Requires the signature of the applicant.
4. **Emergency Data Sheet** – contains contact information necessary in the event of an emergency.
5. **Ride-along Agreement, Indemnity Agreement and Covenant Not to Sue** – addresses specific topics an intern agrees to uphold as a passenger in an Omaha Police Division vehicle. Requires signature of the applicant and witness.
6. **Application for OPD Security Pass** – requires information to request a security pass and building access chip (complete highlighted portions).
7. **Two release forms** – authorizes the Omaha Police Department to conduct a criminal background check and to contact your employers. Please complete the highlighted portions in front of a notary public that will witness your signature. You may contact me if you would like to use a notary from the Omaha Police Department. **Unless these forms are signed and notarized, your application cannot be processed.**

Please note that internships with the Omaha Police Department are unpaid internships with personal and criminal history checks and a personal interview required for all applicants. Please do not hesitate to contact me at (402) 444-3598 should you have any questions regarding our intern program. Otherwise, please return your completed application materials with the following items:

- Cover letter
- Professional Resume
- Copy of official transcripts sent by the college of *all* college work
- Letter of recommendation from a faculty advisor or a professor

All application materials should be received by my office at least one month prior to the date you wish to begin your internship. Your internship application will be processed when all materials have been received. Although intern placement is non-competitive, the number of applicants accepted each term is limited.

Again, thank you for your interest in our internship program. I look forward to discussing with you how performing an internship with the Omaha Police Department may make a positive contribution towards your academic curriculum.

Sincerely,

Coordinator of Volunteers & Interns



OMAHA POLICE DEPARTMENT APPLICATION FOR INTERNSHIP



Student Information

Today's date: _____

Name _____
Last First Middle Name

Maiden/Other Names _____

Social Security No _____ Date of Birth _____

Current Address _____

City/State/Zip _____

Date Through Which Current Address Is Valid _____

Permanent Address _____ Permanent phone _____

City/State/Zip _____

Current Phone _____ Cell Phone _____ E-mail _____

Academic Year In School _____ Major _____ GPA _____

Term Applying For (Check One) _____ Fall _____ Winter _____ Spring _____ Summer

Were you referred to the Police Department? Yes No

If so, by whom? _____ Total contact hours required for internship _____

US Citizenship: ___ Yes ___ No. If No, Citizen of which country _____ US Visa Classification _____

Major

_____ Criminal Justice _____ Police Administration

_____ Forensics _____ Other

Current Academic Institution Information

College/University _____

Faculty Advisor _____ Telephone _____

School Address _____
Street City State ZIP

OPD Form 112F (02/06)

Internship Placement Information (use an additional sheet if necessary)

Please describe the type of internship placement that you would enjoy and why.

What skills and abilities would you bring to this internship?

Do you speak or read a foreign language? _____ Which one(s) _____

If you have lived at your "Current Address" less than five (5) years please indicate prior addresses for the past five (5) years. Use additional sheets if necessary.

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

CRIMINAL HISTORY

Have you been convicted of a felony or misdemeanor crime? Yes () No () If yes, explain on page 6. List below all traffic tickets, criminal arrests, and/or convictions that you have EVER had, including juvenile offenses. Use additional paper, if necessary.

EMPLOYMENT HISTORY

List all employment you have had over the past ten (10) years, beginning with the most recent. Include military, full and part-time employment and all periods of employment. Attach additional sheets if necessary.

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held	Supervisor
To: Month	Year	Duties	Co-Worker
Reason For Leaving Employment (<i>Explain</i>)			
Fired Quit Laid-Off Asked to leave Retired [Circle One]			

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held	Supervisor
To: Month	Year	Duties	Co-Worker
Reason For Leaving Employment (<i>Explain</i>)			
Fired Quit Laid-Off Asked to leave Retired [Circle One]			

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held	Supervisor
To: Month	Year	Duties	Co-Worker
Reason For Leaving Employment (<i>Explain</i>)			
Fired Quit Laid-Off Asked to leave Retired [Circle One]			

Educational History: List all schools you have attended beginning with high school.

Name of School	Address, City, State, Zip Code Telephone#	Dates Attended		Type of Degree	Suspended or Expelled
		From	To		

Explain any school suspension or academic probation of any kind:

School References: List persons (Teachers, Counselors, etc.) in schools that you have attended in the last three years.

Name	School	Address, City, State, Zip Code	(Area Code) Telephone

PERSONAL REFERENCES

List only persons you have known for at least six (6) months. Do not list relatives, current or former employers, teachers or physicians.

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Email Address:		

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Email Address:		

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Email Address:		

Additional Questions:

Have you ever been convicted of any type of crime involving domestic violence? Yes () No ()

Have you ever committed an act of domestic violence? Yes () No () If yes explain on page 6.

Have you ever been involved in a child abuse or child neglect investigation of any kind?
Yes () No () If yes explain on page 6.

Have you ever had a Protection Order sworn out against you? Yes () No (). Explain on page 6.

Have you ever sworn out a Protection Order on any one else? Yes () No () Explain on page 6.

Have you ever been a victim of a domestic disturbance? Yes () No () If yes explain on page 6.

Have you used marijuana, illegal drugs, or abused prescription drugs? Yes ____ No ____
If yes, name the substance, the frequency of use, and period of uses on page 6

Have you ever bought, sold, distributed, manufactured or abused illegal drugs? Yes ____ No ____
If yes, name the substance, the frequency of use, and period of uses on page 6

Since the age of sixteen, have you ever taken money or property from an employer or stolen money or property from someone else? Yes ____ No ____ If yes, explain the circumstances, item or amount, and when on page 6.

Have you or are you currently receiving treatment/counseling for psychiatric problems? Yes () No ()
If yes, list when, where, and why on page 6



OMAHA POLICE DEPARTMENT
VOLUNTEER/INTERN AGREEMENT



I, _____, request to serve as a Volunteer/Intern with the Omaha Police Department.

As a Volunteer/Intern, I agree to:

- Perform the tasks outlined in my task description to the best of my ability.
- Attend any training offered that will enhance my performance within the Department.
- Report to work on time when scheduled, and to call my supervisor if I am unable to report.
- Comply with and follow the same rules and policies as required of all Omaha Police Department employees.
- Refrain from using my Volunteer/Intern position to attempt to influence anyone in any manner.
- Strive to help the Department obtain its goals and objectives.
- Notify my supervisor and the Coordinator of Volunteers upon terminating my involvement with the program, and participate in an exit interview/evaluation. I will relinquish to the Coordinator of Volunteers any and all items or equipment issued to me including, but not limited to, an identification pass, identification chip, parking permit, ticket book and camera at the time of voluntary or involuntary termination.
- Notify the supervisor or Coordinator of Volunteers of any arrest or citation for any traffic, misdemeanor or felony charge.
- I am aware that my Volunteer/Intern status may be terminated at any time for failing to follow the rules, procedures, and terms of this agreement.

I have read and understand all the conditions of this agreement.

Volunteer's/Intern's Signature _____ Date _____

Coordinator of Volunteers _____ Date _____



OMAHA POLICE DEPARTMENT



VOLUNTEER/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 Volunteer/Intern status. In addition, I authorize and request former employers, schools, individual agencies, organizations or law enforcement agencies to answer any and 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 Volunteer/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 Volunteer/Intern if terminated. Also, I understand that I am not an employee of the City of Omaha 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 Volunteer/Intern with the Omaha 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 Volunteer/Intern.

I further agree to release the City of Omaha, Nebraska, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Volunteer/Intern.

Volunteer/Intern Signature _____ Date _____

Coordinator of Volunteers _____ Date _____



Omaha Police Department EMPLOYEE EMERGENCY DATA FORM



Date _____ Name _____
(Last/First/MI)

Job Classification _____ Serial No. _____ DOB _____

Res. Address _____ Res. Telephone No. _____

City _____ State _____ Zip Code _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Primary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____ Pager No. _____

Secondary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____ Pager No. _____

OPD Death and/or Serious Injury Liaison Officer (Optional): _____

YOUR PHYSICIAN INFORMATION

Name _____

Address _____ City _____ State _____

Phone Numbers: Business _____ Residence _____ Emergency _____

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



**OMAHA POLICE DEPARTMENT
RIDE-ALONG
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 Omaha Police Department by being a participant in an Omaha Police Department vehicle as a part of the City of Omaha Police Department's "Ride-Along 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 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 Omaha (Omaha 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 Program."

It is understood and agreed that as against the City of Omaha (Omaha 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 Omaha (Omaha 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 Omaha (Omaha 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 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 Omaha, (Omaha 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 the parent or guardian of a participant under 19 years of age		To be completed by participant	
Relationship to Minor Participant		Signature	DOB (MO/Day/Year)
Signature	Date (MO/Day/Year)	Address	
Address		City/State/Zip	
City/State/Zip		Telephone	Date (MO/Day/Year)
Witness Signature	Address/City/State/Zip		Date (MO/Day/Year)
Officer Signature/Serial Number	Approved By (Commanding Officer/Serial Number)		Date (MO/Day/Year)



OMAHA POLICE DEPARTMENT

OMAHA, NEBRASKA

"To Serve and Protect"



Application for OPD Security Pass

Name of Applicant (First, MI, Last)		Serial Number and/or Social Security Number		
Applicant's Address (Street, City, State, Zip)			Position Title / Rank	
Applicant's Date of Birth	Race/Ethnicity	Sex	Height	Eye Color
Representative of (Agency, Department or Company)				
Business Address (Street, City, State, Zip)			Business Telephone No.	
Supervisor's Name			Supervisor's Telephone No.	
Type of Security Pass Requested <input type="checkbox"/> OPD Form 122A; Outside Agency Security Pass (Escort Not Required) <input type="checkbox"/> OPD Form 122B; Volunteer & Intern Security Pass (Escort Not Required) <input type="checkbox"/> OPD Form 122F, News Media Security Pass (Escort Required)			Criminal History Check Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Signature			Date	
OPD Unit Supervisor Submitting Request (Name / Serial Number)			Date	
Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Signature, Serial Number and Unit Designation)			
Comments				
Security Pass Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Signature		
Date Security Pass Expires				
Date Security Pass Returned	Returned By (Name, Serial Number)			
Building Access Chip Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Signature		
Date Access Chip Returned	Returned By (Name, Serial Number)			

Dear Sir or Madam:

The Omaha Police Department is presently conducting a pre-volunteer/intern background investigation of _____, DOB _____, who has applied for a position with the City of Omaha. We ask your cooperation in furnishing this Department with any information showing **criminal, traffic tickets, arrests and/or convictions** involving this applicant. The indication of a clear record while residing in your jurisdiction is likewise requested.

Names of associates, addresses and the general reputation of the candidate in your community and any similar information which would help the Department evaluate the character of the applicant would be greatly appreciated.

Sincerely,

Chief of Police

Notwithstanding any rights I may otherwise have concerning release of such information, I request and authorize you to release any and all of the above-requested information to Todd Schmaderer, Chief of Police, Omaha Police Department, Omaha, Nebraska, or his representative.

Signature

Date

Address

City / State / Zip Code

County of _____, on this ____ day of _____, 20 ____, before me, a Notary Public in and for said County, personally came the above named _____, personally known to me to be the person whose name is affixed to the above instrument, and who has acknowledged said instrument to be a voluntary act and deed.

Witness my Hand and Notarial Seal the date last aforesaid.

Notary Public

My commission expires on the ____ day of _____, 20____.

Photocopy same as original

