

Massachusetts State Police



Student Internship Packet Information and Forms

Revised November 2016

Student Internship Checklist:

Please review this packet before completing all parts of the application.

Read Student Eligibility and Criteria

Read Important Dates and Steps

Complete the application in total

Review Student Internship Tracks (see link on website)

Review Current Internships Available (see link on website)

Sign and date Student Signature page

Complete Student Intern Authorization for Release of Information (In the presence of a Notary Public)

Obtain Notary Public Signature and Stamp

Complete Student Intern Confidentiality Agreement (Internship coordinator will also sign upon receipt)

Complete Student Intern Waiver of Agency Liability

Sign and obtain Witness Signature

Complete Intern's Section of the Internship Background Waiver

Complete Emergency Contact and Medical Information

Complete Intern Section of the Internship Verification Request Form

This is the only means of communication a student will receive regarding confirmation/evaluation of their internship –

Please notify your Advisor of this form before you complete your application

Enclose a Cover Letter

Enclose a Current Resume

Current Official School Transcripts – (Mailed directly from your school)

Enclose a Letter of Recommendation

Mail the completed packet to:

**Student Internship Program
Massachusetts State Police
470 Worcester Road
Framingham, MA 01702**

The Massachusetts State Police Student Internship Program provides eligible students the opportunity to experience what it would be like to work in a public safety organization. The primary purpose of this program is to expose the student to how the principles, practices and theories of their major area of study are practically applied in the workforce.

Students Eligibility and Criteria:

Students with good academic standing are eligible to participate in the internship program.

- Proof you are residing/studying legally in the U.S.
- Successfully pass a pre-placement screening to include a criminal record check
- Internships are unpaid and considered educational training in the various administrative, technical, professional and law enforcement disciplines
- Internships will be granted to students enrolled in a degree-seeking accredited college or university program
- Interns must be approved to earn college credit for their internship experience with the Massachusetts State Police
- An Internship with Massachusetts State Police is a one-time experience per student
- Interns are not considered a replacement for a regular employee
- All interns receive close supervision by knowledgeable staff
- Interns must be willing to sign waivers, agreements and disclosure forms that will protect the rights and responsibilities of both interns and the Department of State Police in the intern/agency relationship
- Interns must be able to provide their own transportation

Important Dates and Steps:

All information and forms must be submitted by a specific month and date to be eligible for each internship program.

If you are interested in interning during the:	Internship Packets must be submitted by:
Spring School Semester – January to May	October 31 st of the previous year
Summer School Semester – June to August	March 15 th of the same year
Fall School Semester – September to December	June 30 th of the same year

Available internships are limited:

- There is no guarantee that all applicants will receive an internship.
- If you do not receive an internship in your first requested semester you can apply again.
- If you receive and attend an internship with the Department, **you will not be eligible to apply for another internship.**

Incomplete packets will not be accepted as an eligible Internship packet.

All communications will be by email once your application packet is received.

- Once your completed application packet is received and deemed eligible for an internship, we will work on your request for an available internship.
- Once we have selected you for an available internship, your information will be submitted to a pre-placement screening.
- Once you are deemed eligible by our pre-placement screening to participate in the internship program, we will reach out to you to confirm your agreement to the internship.
- Once we have received your confirmation to your internship, your supervisor will receive your contact information.
- Your supervisor will contact you and arrange your start date, end date and times available to intern.

All necessary school paperwork to be completed, should be sent to the Student Internship address noted above.



Massachusetts State Police Student Internship Application

PLEASE PRINT CLEARLY

All areas of this application must be completed. If an area of the application does not apply to your specific submission, please enter N/A.

Date: _____ SS#: _____

Name: _____

Street Address: _____

Town, State, Zip Code _____ Cell #: _____

Email Address: _____ @ _____

College/University: _____

Address: _____

Phone #: _____

Current Major: _____

Current Academic Year: _____ (senior, junior, etc.)

Anticipated Graduation Month/Year: _____

Student Advisor Name: _____

Internship Track you are applying for (please see Internship Track descriptions on website):

- Scientific Track Law Enforcement Track
 Training Track Public Administration, Law and Industrial Track
 Communications Track

Interested in the Available Internship (please see Current Available Internships on website):

1st choice: _____

2nd choice: _____

3rd choice: _____

Due to the amount of applications vs. the amount of available internships available, we cannot guarantee an exact placement to your selected choices. We will do our best to place you depending on your choices, your interest and your noted address.

Internship Semester you are applying for:

- Spring Semester – January to May Deadline is October 31st
 Summer Semester – June to August Deadline is March 15th
 Fall Semester – September to December Deadline is June 30th

Internship for Credit: Yes No Credit Amount: _____

Total Amount of Semester Hours Needed to Obtain Credit: _____

Anticipated Internship Start Date: _____ End Date: _____

Time Sheet Required by School: Yes (please see page No

I am legal to reside/study in the U.S. Yes No

If no, please explain: _____

Have you ever applied for an internship with the Massachusetts State Police
before this application: Yes No

If yes, please explain: _____

Massachusetts State Police internal referral: Yes No

Name: _____

Phone Number: _____

Section/Unit: _____

Please list any family member that has ever been or is currently employed with
the Massachusetts State Police:

Name:

Relationship:

Dates:

Do you speak other language(s) fluently? Yes No

If yes, what language(s): _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Vehicle Information:

Make:

Model:

Color:

Year:

Primary Ethnic Group:

Hispanic or Latino

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Check One:

Male

Female

Please be brief

Please tell us why you would like to intern at the Massachusetts State Police?

Your career goals?

Why would you be a good intern?



Student Intern: I accept the responsibilities as stated in this agreement. I agree to complete all work assignments promptly and to the best of my ability. I agree to familiarize myself with and adhere to the relevant organizational policies, procedures, functions, and standards of ethical conduct.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application is grounds for removal from the Internship Program.

Student Signature

Date



Massachusetts State Police Student Internship Forms

All forms must be signed by the intern. By signing these forms, the intern is stating he/she has read and understands each form signed.

STUDENT INTERN CONFIDENTIALITY AGREEMENT

Agreement made this _____ day of _____, 20____ by and between the Commonwealth of Massachusetts, the Department of State Police ("Department"), and _____, student intern.

WHEREAS, the Department desires to ensure that all confidential information and other non-public information will remain confidential and non-public, and after the period of employment at the Department.

NOW THEREFORE, as a condition of employment with the Department it is agreed as follows:

I. NONDISCLOSURE

As a student intern with the Department, I understand the importance of treating certain types of information as confidential. I agree not to disclose any confidential information, non-public information, sensitive information, potentially embarrassing or discrediting information, or confidential know-how concerning the business, affairs, or operations of the Department which I may acquire during the course of my relationship with the Department.

As a student intern I shall not, either during my relationship with the Department or thereafter, except as authorized in writing by the Department, disclose to others or use in any way any confidential information, non-public information, sensitive or potentially embarrassing or discrediting information, or confidential information relating to the business, actives, or operations, investigations of the Department, its users consultants, or partners, including but not limited to, confidential information pertaining to particular victims, suspects or witnesses, laboratory techniques, technology or processes, methodology, procedures, laboratory results, information pertaining to Department personnel, know-how and analyses.

For the purposes of the Agreement, the term "know-how" shall mean the Department's present and future specialized, and novel and unique techniques, inventions, practices, knowledge, skill, formulations, experience, and other proprietary information relating to the Department.

II. GENERAL

This Agreement will transfer to the benefit of and be binding upon the successors and assigns of the Department, including but not limited to, affiliates, divisions, or subsidiaries of the Department.

I expressly recognize that any breach of this Agreement will result in irreparable injury to the Department, and I agree that the Department shall in the event of such a breach be entitled to seek injunctive relief, specific performance and other relief in addition to and not in limitation of its rights and damages.

This Agreement will be governed by and construed in accordance with the laws of The Commonwealth of Massachusetts. In case any one or more of the provisions contained in this Agreement are reason held to be excessively broad with regard to time, duration, geographic scope, or activity, such provision will be construed in a manner to enable it to be enforced to the maximum extent compatible with applicable law.

Executed under seal on the date first above written.

STUDENT INTERN

DEPARTMENT OF STATE POLICE

Signature

Signature

Print Name

Print Name

Date

Date



Massachusetts State Police Student Internship Forms

All forms must be signed by the intern. By signing these forms, the intern is stating he/she has read and understands each form signed.

STUDENT INTERN WAIVER OF AGENCY LIABILITY

In consideration of the privilege of being permitted to perform an internship at the Massachusetts Department of State Police, I _____ hereby release and forever discharge the said Commonwealth of Massachusetts, the Massachusetts Department of State Police, and its employees, from all debts, demands, actions, causes of action, suits, dues, sum and sums of money, accounts, bonds, controversies, damages, and liabilities and any and all other claims of every kind, nature and description whatsoever, both in law and equity, which may arise during the course of an internship assignment, against the said Commonwealth of Massachusetts, Massachusetts Department of State Police.

I further agree that any claims of injury sustained during the course of my practicum fieldwork placement will be confined to the limits of my personal insurance and the internship liability insurance policy maintained by _____, if any, and that no other claim against the Commonwealth of Massachusetts, Massachusetts Department of State Police, arising out of the practicum of fieldwork experience will be made.

I, _____ have read the foregoing release and fully understand it. In witness whereof the undersigned had duly executed this release this _____ day of _____, 20_____.

STUDENT INTERN

WITNESS

Signature

Signature

Date

Date

Massachusetts State Police
Student Internship Background Waiver
Please print clearly or type.

To be completed by Student:

Intern: _____ Sex: _____

Address _____

DOB: _____ Place of Birth: _____

SS# _____ Driver's License #: _____

Mother's Name: _____ Maiden Name: _____

Father's Name: _____

To be completed by MSP Staff:

Maiden Name (if married/divorced): _____

Addresses in Other States: _____

Board of Probation: _____

Suicide Candidate Display: _____

RAMS: _____

Triple I: _____

CIS (Master Names Index): _____

CIS (Lotus Notes): _____

Sexual Offender Registry: _____

Warrant Management: _____

Registry (Include KQ): _____

NCIC: _____

Completed By: _____ Date: _____

**Massachusetts State Police
Student Internship**

EMERGENCY CONTACT AND MEDICAL INFORMATION

Student Intern: _____

Student Phone #: _____

Emergency Contact Name: _____

Relationship to Student Intern: _____

Telephone #: _____

Address: _____

Allergies: _____

Treatment for Allergies: _____

Medical Concerns: _____

Treatment for Medical Concerns: _____

Other: _____



Massachusetts State Police Student Internship Verification Form

This form is to be used by the student to communicate with their school the required information confirming their internship

No other means of communication regarding a student's internship will be permitted

To be completed by the Intern:

Student's Name: _____

Student's School: _____

To be completed by the Intern's Supervisor at the end of their internship:

Internship Program Time Sheet Student Signature & Date Supervisor Signature & Date

Internship Location: _____

Internship Dates: From: _____ To: _____

Total Hours of Interning for the Semester: _____

Internship Duties: _____

Did this internship leave the Department of State Police in Good Standings: Yes No

Please comment: _____

Supervisor's Signature: _____ Date: _____

RETURN THIS FORM AT THE COMPLETION OF THE INTERNSHIP TO THE MSP STUDENT INTERNSHIP COORDINATOR

Students – Please request a copy of this form from the MSP Student Coordinator if your school requires verification of your internship

Don't forget to include the following items with your Student Internship Application Packet:

- Enclose a Cover Letter
- Enclose a Current Resume
- Current Official School Transcripts – (no computer copies – mailed directly from school)
- Enclose a Letter of Recommendation

Did you notify your advisor of the MSP Student Internship Verification Form?