



The Commonwealth of Massachusetts
Department of State Police
Human Resources Unit
470 Worcester Road, Framingham, MA 01702



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 remain confidential and non-public, throughout and after the period of employment at the Department.

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

I. NONDISCLOSURE

As a student intern of the Department, student intern understands the importance of treating embarrassing or discrediting information, or confidential know-how (concerning the certain types of information), as confidential. Intern agrees not to disclose any confidential information, sensitive information, potentially business, affairs, or operations of the Department which intern may acquire during the course of his or her relationship with the Department.

Intern shall not, either during his/her 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, activities, operations, or 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, formulas, know-how and analyses.

For the purposes of the Agreement, the Term "know-how" shall mean the Department's present and future specialized, 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 benefits of and be binding upon the successors and assigns of the Department, including but not limited to, affiliates, divisions, or subsidiaries of the Department.

Intern expressly recognizes that any breach of the Agreement by intern will result in irreparable injury to the Department, and intern agrees that the Department shall in the event of such 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 law of the Commonwealth of Massachusetts and/or Federal law. In case any or more of the provisions contained in this Agreement are for any reason held to be excessively broad with regard to time, duration, geographic scope, or activity, such provision will be constructed 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:

HUMAN RESOURCES:

Signature

Signature

Name (Print)

Date

Name (Print)

Date



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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 interns, 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



STUDENT INTERN AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT CLEARLY IN INK OR TYPE

Name: _____		
First Name	Middle	Last Name
Previous Name or Alias (Include Maiden Name): _____		
Residential Address: _____		
Have you ever resided in another state? _____ If Yes, Where? _____		
Social Security #: _____		Driver's License #: _____
Date of Birth: _____		Place of Birth: _____
Mother's Name: _____	Maiden Name: _____	Father's Name: _____

I, _____, do hereby authorize a review of and a full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Department of State Police, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, and salary records; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, whosoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Department of State Police to consider in determining my suitability for internship placement within that department. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that any information obtained via pre-placement screening which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability to intern with the Department of State Police. I understand that all materials pertaining to this pre-placement screening become the property of the Department of State Police and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and interns, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A WITNESS

STUDENT INTERN

WITNESS

Signature

Signature

Date

Date



Massachusetts State Police

Student Internship Verification & Evaluation Form

This form is to be used to communicate information confirming a student's internship - No other means of verification or evaluation regarding a student's internship will be permitted.

To be completed by the Intern & Advisor: (PLEASE PRINT CLEARLY)

Student's School: _____

Student's Name: _____ Advisor's Name: _____

I understand this form is the only means of verification and/or evaluation that the intern supervisor will submit to confirm information regarding the student's internship with the MSP. I also understand it is the student's responsibility to submit this form to the internship supervisor at the beginning of the semester internship and agree on a date for its completion.

Signatures –

Student: _____ **Advisor:** _____ **Date:** _____

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

Internship Location: _____ Interned Dates: _____ to: _____

Total Hours of Interning for the Semester: _____ Did the student use a Time Sheet: ☐ Yes ☐ No
(Provide copy of time sheet)

Did the student show good work habits: ☐ Yes ☐ No Did the student attend all scheduled times: ☐ Yes ☐ No

Did the student seem interested and enthusiastic throughout the internship experience: ☐ Yes ☐ No

Internship Duties: _____

Did this intern 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 ensure your school and the MSP Student Coordinator receives a copy of this form
For future inquiries, we will not be able to confirm you attended your internship without a copy of this form in your internship file.

Student: 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 I understand that falsification of this application or not coming forth with pertinent information is grounds for removal from the Internship Program.

Student Signature

Date

Advisor: I understand students may not receive a monetary compensation for attending an MSP internship. I understand students must receive school credit to attend an MSP internship.

I accept the forms of communication associated with an MSP internship and will not request any other means of evaluation or confirmation.

Advisor Signature

Date

Students are not guaranteed an internship just by completing this application.

The process is by selection – according to the needs of the Department matched with the interest of the student and the location of their school/home address.