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)

Submit to Adviser for signature (pages 5, 6, 17 & 18)

☐ 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 & Evaluation Form

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

Do not request to submit school forms or request a supervisor to complete a school form for any reason.

☐ Enclose a Cover Letter

☐ Enclose a Current Resume

☐ Current Official School Transcripts – [Mailed directly from your school]

☐ Enclose a Letter of Recommendation
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.
- Students are not eligible if they receive a stipend, grant monies or any other kind of monetary compensations to participate in this program.
- 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.

<table>
<thead>
<tr>
<th>If you are interested in interning during the:</th>
<th>Internship Packets must be submitted by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring School Semester – January to May</td>
<td>October 15(^{th}) of the previous year</td>
</tr>
<tr>
<td>Summer School Semester – June to August</td>
<td>March 15(^{th}) of the same year</td>
</tr>
<tr>
<td>Fall School Semester – September to December</td>
<td>June 15(^{th}) of the same year</td>
</tr>
</tbody>
</table>

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 request to move your application to the next semester.
- 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.
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 #: ___________________________

SCHOOL Email Address: ___________________________  @____________________

To be completed and signed by your school advisor.

Internships with MSP cannot be supplemented with a monetary compensation.
Internships are for course credit only.

Internship must be for school Credit:  ☐ Yes ☐ No (you will not be eligible to participate if not for credit)

Time Sheet is Required:  ☐ Yes ☐ No    Total Amount of Semester Hours Needed to Obtain Credit: __________

Anticipated Internship Start Date: _______________  End Date: _______________

Student ___________________________ is in good standing with the school and is eligible to participate in an unpaid internship with MSP. This student will receive ________ credits for his/her semester long internship.

Advisor Signature: ___________________________  Date: ___________________________
To be completed by student and signed by your school advisor.

Internship Semester you are applying for:

☐ Spring Semester – January to May  
  Deadline to apply is October 15th
☐ Summer Semester – June to August  
  Deadline to apply is March 15th
☐ Fall Semester – September to December  
  Deadline to apply is June 15th

Internship Track you are applying for  

☐ Scientific Track - limited to upper class levels of education - (juniors, seniors and master students)
☐ Law Enforcement Track
☐ Training Track
☐ Communications Track
☐ Public Administration, Law and Industrial Track

This information will help us with the selection process and will be passed on if you are chosen for an internship.

Some of our internships require the student to be flexible with their schedule due to the nature of our “business”.

* Are you able to commit to a flexible schedule:  ☐ Yes ☐ No  (you are available to intern at any time during the week)

Some of our internships require evening attendance.

* Are you able to intern during the evening hours:  ☐ Yes ☐ No

Some of our internships require the student to commit to two 6 to 8 hour days a week to participate in a semester long internship.

* Are you able to commit to two 6 to 8 hour days a week:  ☐ Yes ☐ No

College/University: __________________________________________________________________
Full Address: __________________________________________________________________________
Current Major: ___________________________ Current Academic Year: _______  (senior, junior, etc.)
Anticipated Graduation Month/Year: ________________________________
Student Advisor Name: ________________________________________________________ (please print)
Phone #: ____________________________ Email: ________________________________________________

PRINT CLEARLY

Student Advisor - Signature: ___________________________ Date: ________________________
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: ____________________________________________
_________________________________________________________________________

Have you ever been convicted of a crime?  □ Yes  □ No
If yes, please explain: ____________________________________________
_________________________________________________________________________

All applicants are subject to a background records check before placement

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

Name:  Relationship:  Dates:

Vehicle Information:

Make:  Model:  Color:  Year:

Self-transportation is a must with every internship

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
If you are chosen for an internship:

- An MSP internship is not the time to do school homework
- Internship time starts when you arrive to your scheduled station and ends when you leave the scheduled station – Travel time is not included
- Handouts, literature, any paperwork regarding an internship may not be taken home
- MSP ID Cards, FOBS, any item issued to you to successfully perform your internship is the property of MSP and must be returned at the end of your internship
- If you don’t understand a direction or a request – ASK your supervisor for clarification – Communication is key to a successful internship
- Do not use your internship to scout our job opportunities – All MSP jobs are posted to Mass Careers when available for applicants
- If you do not feel connected to your internship or a problem arises – Reach out to the MSP Internship Coordinator immediately

Stay focused, stay motivated, stay present – your internship will be noted via the Verification & Evaluation Form (page 17) and kept on file.

Massachusetts State Police internal referral: ☐ Yes ☐ No
Name: ________________________________________________________________________________
Phone Number: _______________________________________________________________________
Section/Unit: ________________________________________________________________________

A referral will not guarantee you an internship – but we will contact your referral to receive input

Did the referral person agree to supervise your internship: ☐ Yes ☐ No

Are there any specific areas of the Department that interest you more than others?
Students will be selected for an internship based on the needs of the Department’s sections & units that may be requesting an intern for a semester.

This area is an opportunity for you to tell us your interest, career goals and personal ambitions.

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

Your career goals?
Please indicate which areas of the state you are willing to travel to for an internship

*Please note – MSP Crime Labs are located in the towns Maynard and Sudbury*

Your base town this semester is: ________________________________

Please be advised,

- All internships require the student to participate with office work.
- Many internships will require flexibility in scheduling - you may need to be able to respond to incidents when they happen.
- Some internships may require evening hours.
- If we select you for an internship, we expect you to honor the schedule you set forth with the internship supervisor.
- All internships are based on the student receiving school credit.
- Selection is determined by what you tell us about you and why you are requesting an internship.
- Ride-a-longs with Troopers are not permitted.
- There are very few science (crime lab) internships available each semester – most science related internships are project related and available to upper classmen only.

**Massachusetts State Police**  
**Student Internship**

### EMERGENCY CONTACT AND MEDICAL INFORMATION

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
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<tbody>
<tr>
<td>Student Intern:</td>
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<tr>
<td>Student Phone #:</td>
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<tr>
<td>Emergency Contact Name:</td>
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<td>Relationship to Student Intern:</td>
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<td>Telephone #:</td>
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<td>Address:</td>
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<td>Treatment for Allergies:</td>
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<td>Medical Concerns:</td>
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<td>Treatment for Medical Concerns:</td>
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<td>Other:</td>
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</table>
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, activies, 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

___________________________________________
Signature

___________________________________________
Print Name

___________________________________________
Date

DEPARTMENT OF STATE POLICE

___________________________________________
Signature

___________________________________________
Print Name

___________________________________________
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
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: _______________________________________

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, whosesoever 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 employees, 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 NOTARY PUBLIC

Subscribed and sworn before me this _____________________________ day of _____________________________ 20_______

My commission expires _____________________________ day of _____________________________ 20_______

Notary: _____________________________________________

Signature: ____________________________________________

Address: _____________________________________________

City/Town: _____________________________________________

State: ___________   Zip Code: ___________
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 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 by the end of their internship:

Internship Location: __________________________ Interned Dates: _______________ to: _______________

Total Hours of Interning for the Semester: _______________ Did the student use a Time Sheet: ☐ Yes ☐ No

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

Did the student seem interest in 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 request a copy of this form from the MSP Student Coordinator if your school requires verification of your internship
**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.**