



Rhode Island State Police

*Planning, Research and Accreditation Unit
311 Danielson Pike, North Scituate, RI 02857-1907*



Application for Internship Instructions

The Rhode Island State Police internship program provides an excellent opportunity for students to learn and volunteer through first-hand participation in law enforcement or related criminal justice careers. We welcome applicants who have demonstrated academic excellence. Applicants are required to undergo a preliminary background records checks. Applicants who are minors are required to have their parent or legal guardian sign the consent form provided on [Page 9](#) of this packet. Internship positions are based on a 10-week program and based on the following schedule:

Requested Internship

Spring (January-May)
Summer (June-August)
Fall (September-December)

Complete Application Packet must be submitted by:

October 15 of the previous year
March 15 of the same year
July 15 of the same year

Please complete all sections of the application thoroughly. Although providing the information requested is voluntary, failure to provide complete answers may affect the review and consideration of your application.

A complete application packet includes:

- Application for Internship (pages 3-6)
- Signed Authorization for Release of Information (page 7)
- Signed Agreement to Release, Defend, Hold Harmless and Indemnify (page 8 if over 18, page 9 if minor)
- Current Resume
- An unofficial transcript
- Letter of referral
- A copy of a Photo ID/Operator’s License

The application and all of the above requested documents must be submitted together by the listed deadlines. Failure to meet any of the above mentioned requirements may prevent the review of your application. Applicants should submit the completed application to:

**Internship Coordinator
Rhode Island State Police
Planning, Research and Accreditation Unit
311 Danielson Pike
North Scituate, RI 02857-1907**

Upon receipt of a complete, legible application packet and the preliminary background records check, you will be contacted via e-mail to arrange for an interview.



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Application for Internship Instructions (Credit Hour Requirements)

Awarding academic credit for an internship is at the discretion of your college or university. However, the Division of State Police will assist you in providing appropriate information and evaluations, as requested by your school. Arrangements for credit must be made before you begin the internship. Unless previously authorized by the Internship Coordinator, Internship hours will not exceed twelve hours per week and scheduled Monday through Friday, between the hours of 8 AM and 4 PM.

The Rhode Island State Police will sign off on weekly attendance forms submitted by the student. We do not notify educational institutions of absences through any other means.

Application for Internship Checklist

Prior to mailing your application packet, please utilize the below checklist to review your submission:

- Review ALL instructions contained in this application
- Review internship descriptions (visit <http://risp.ri.gov/internships/> for descriptions)
- Ensure you are complying with deadlines for submission
- Ensure you indicate if internship is for credit and indicate credit/hours needed
- Enclose a current resume
- Enclose an unofficial transcript
- Enclose a letter of referral
- Enclose a copy of a photo ID/Operator's License
- Sign Authorization for release of information
- Sign Agreement to release, defend hold harmless and indemnify (minors only)

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED



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Internship Placement

Descriptions and additional information/requirements of the specific internship positions may be found on the Rhode Island State Police website (<http://risp.ri.gov/internships/>). The Division of State Police offers placement in the following units:

Patrol Bureau: Lincoln Woods, Scituate, Hope Valley, Wickford Barracks and Rhode Island Traffic Tribunal Prosecution Office

Detective Bureau: Major Crimes, Financial Crimes. Property/Detective Administration Office, Forensic Services Unit* and Fusion Center* (*additional prerequisites)

Administrative Bureau: Fleet/Supply Administrative Office, Planning, Research & Accreditation Unit, Technology & Communications/MIS Unit

Please indicate in order of preference

| |
|-------------------------------|
| 1st Choice: |
| 2nd Choice: |
| 3rd Choice: |

By checking this box, you are indicating that you would be interested in an internship with another division of the Rhode Island Department of Public Safety. The other Department agencies are:

- Division of Sheriffs
- Division of the State Fire Marshal
- Rhode Island Capitol Police
- Rhode Island State Police Training Academy
- Municipal Police Training Academy
- Legal Counsel Office

Rhode Island State Police reserves all rights to cancel any internship position at any time.



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Application for Internship

Applicant

| | | | |
|----------------------|------|----------------|-----------------|
| Name: | | Date of Birth: | |
| Address: | | City: | |
| State: | Zip: | E-Mail: | Home Telephone: |
| Driver's License No. | | State Issued: | Cell Telephone: |

Emergency Contact Person

| | | | |
|---------------|------|-----------------|-----------------|
| Name: | | | |
| Address: | | City: | |
| State: | Zip: | E-Mail: | Home Telephone: |
| Relationship: | | Work Telephone: | Cell Telephone: |

Semester Applying For:

| | <u>Check Only One</u> | <u>Deadline to Submit</u> |
|----------------------------|-----------------------|---------------------------|
| Spring (January-May) | | October 15th |
| Summer (May- August) | | March 15th |
| Fall (September- December) | | July 15th |

Availability

| | | | | |
|---|--|--|-----------------|-------------------------------|
| Dates you are available | | | Beginning Date: | Ending Date: |
| Hours of availability: | | | | |
| Monday Hours: | | | Thursday Hours: | |
| Tuesday Hours: | | | Friday Hours: | |
| Wednesday Hours: | | | | |
| Are you completing the internship for credit? | | | | If yes, credits/hours needed: |

Academic Background (list college/universities from which you are pursuing or have received a degree)**Current College/University:**

| | | |
|---|---------------|------------------------------|
| City: | State: | GPA: |
| Major/Area of Study (if applicable): | | Rank: |
| Type of Degree Pursued: | | Date Degree Expected: |
| Academic Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate | | |
| Faculty Advisor Name: | | |
| Department: | | Telephone: |
| | | |

Military Record**Have you ever served on active duty in the Armed Forces of the United States?**

| | |
|------------------------------------|--|
| Branch of Military Service: | Serial Number: |
| Date of Service: | Type of Discharge: |
| Where Discharged: | Do you have a Service Disability? |

Citizenship

| | | |
|---------------------------------------|---------------------------|---------------|
| Are you a U.S. Citizen? | Social Security #: | |
| If Naturalized, Date of Entry: | Place of Entry: | |
| Court: | Date: | Place: |

Background Information**If you answer "YES" to any of the following questions attach an explanation to this application; include the date(s) and location(s) of conviction(s) and the disposition(s):****Have you ever been charged with a criminal offense?****Have you ever been convicted of a felony or a misdemeanor?****Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a misdemeanor?****Have you ever had the adjudication of guilt withheld for a crime which is a felony or a misdemeanor?**



Rhode Island State Police

Detective Bureau

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Authorization for Release of Information

I, _____, hereby give the Rhode Island State Police and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, oral discussions with any person concerning my background. I also authorize a review and full disclosure of all records and other information concerning myself whether such records and other information are public, private, privileged or confidential. This includes records maintained by past and present employers, law enforcement, public utility companies, state and federal agencies including but not limited to the Division of Taxation, the Internal Revenue Service, and any Health Care facility which dispenses care and treatment for social, mental or emotional difficulties.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Rhode Island State Police and its agents and anyone who gives written or oral information about me to the Rhode Island State Police from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, associations, assigns and representatives.

Applicant Signature

Date

Witness Signature

Date



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Agreement To Release, Defend, Hold Harmless And Indemnify

To be completed by minors only

This agreement is entered into by and between the undersigned

_____ of _____
(Name of parent or legal guardian) (Address)

City/Town of _____, State of _____

and the State of Rhode Island Division of State Police (the "State").

In consideration of _____ participating in an
(Name of applicant)

internship program with the Rhode Island State Police during the months of

_____, 20_____, I the undersigned, for

myself, my heirs and assigns, do hereby and forever release and discharge the State, its agents, officials and employees from, and shall defend, hold harmless, and indemnify each and any of them from and against, any expenses, debts, claims, demands, damages, actions and causes of action whatsoever, including without limitation, any such resulting from personal injury or property damage which _____ (Name of Applicant) may now or may hereafter have as a result of this participation in the above referenced internship program with the Rhode Island State Police.

IN WITNESS WHEREOF, I, the undersigned, declare full understanding of the terms of this agreement and have executed this agreement at the place and day and year appearing after my signature.

Signature of parent or legal guardian

Address

Date