



# New Britain Police Department Internship Program Application Form



This application form is to be completed by the student applying for entry to the Internship Program operated in conjunction with local College/University Criminal Justice – Field Study Programs. Any student who fails to complete the application or furnishes false information will **not** be accepted into the program.

The applicant must be able to pass a background check consistent with the P.O.S.T.C. requirements for entry level police candidates.

**THE CHIEF OF POLICE RESERVES THE RIGHT TO REFUSE AND DENY ANY STUDENT ENRTY OR CONTINUATION IN THE NEW BRITAIN POLICE DEPARTM,ENMTS’S INTERNSHIP PROGRAM.**

Internship Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
(Spring, Summer, Fall)

Students Name: \_\_\_\_\_  
(Print: Last Name, First Name, Middle Initial)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver’s License: \_\_\_\_\_  
(State and Number)

Local Address: \_\_\_\_\_  
(Number, Street, City, State, Zip Code)

Local Telephone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Number, Street, City, State, Zip Code)

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Emergency Telephone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_



# New Britain Police Department



## Release and Wavier

I, \_\_\_\_\_, for myself, my heirs and assigns, do hereby release and discharge the CITY OF NEW BRITAIN, and its agents, officers, employees, successors and assigns, from any and all actions, causes of action, claims and demands for, upon or by reason of any damage, loss of injury, including death, which hereafter may be sustained by me in consequence of riding in a police cruiser operated by employees of the CITY OF NEW BRITAIN.

I expressly assume all risks connected with being a passenger in a police cruiser, waive all rights which may accrue to me in the event I should suffer personal injury, including death, or property damage during the course of riding in a police cruiser and expressly agree not to bring any action or claim against the CITY OF NEW BRITIAN, its agents, officers, employees, successors or assigns.

IN WITNESS WHEREOF, I have here unto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

STATE OF CONNECTICUT)

) ss: \_\_\_\_\_, 20\_\_\_\_\_  
COUNTY OF \_\_\_\_\_)

Personally appeared, \_\_\_\_\_, who signed the forgoing Release and Waiver and acknowledged the same to be his free act and deed, before me.

Notary Public  
Commissioner of Superior Court



## New Britain Police Department Professional Standards Division



### **AGREEMENT TO PROTECT CONFIDENTIALITY OF COMPUTER CRIMINAL RECORD DATA**

I am aware that Section 29-16 of the Connecticut General Statutes prohibits the dissemination of criminal record data contained in the files of the Connecticut State Bureau of Identification to anyone other than Governmental Units: Law Enforcement, Probation, Courts, etc; also, that pending Federal Regulations will prohibit divulging computerized record information to unauthorized persons. I hereby agree NOT to violate the confidentiality of the computerized criminal record data that may come to my attention and promise NOT to use such information for personal purposes as prohibited by Law.

I understand that any violation of this agreement by me could result in my Department being prohibited from further access to computerized information; that I could be forbidden further access to the terminal and its information; that I could become the subject of an Official Investigation; and that this could lead to an Arrest and Conviction for violation of State and Federal Laws and Regulations designed to protect the confidentiality of computerized criminal record information.

Read and Agree to by: \_\_\_\_\_ ( Intern )  
Name of Agency / School: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_  
Witnessed by: \_\_\_\_\_ ( Title )



# New Britain Police Department



Professional Standards Division  
10 Chestnut Street, 3rd floor  
New Britain, Ct. 06051

## Release and Waiver

In Consideration for participation in the New Britain Police Department Internship Program, \_\_\_\_\_ (name of school) and \_\_\_\_\_ (name of intern), do hereby indemnify, release and forever discharge the New Britain Police Department, the City of New Britain, New Britain Consolidated School District and all employees, agents, servants or members thereof, acting in their official capacity or otherwise, from and for any and all claims, demands, actions, or suits claiming damages as a result of any action or omission by any individual, the New Britain Police Department, the City of New Britain, New Britain Consolidated School District and any and all employees, agents, servants, or members thereof.

I/We understand that there are inherent risks involving in participating in a police internship program, including, but not limited to, the risk of serious injury or death. I/We expressly assume all risks involved in the New Britain Police Department Internship Program, including in the names risk, and any other risk associated therewith.

I/we agree to abide by any and all rules, regulations, conditions, or instructions set forth by the New Britain Police Department, its employees, agents, servants, or member concerning the internship program.

The respective college/university will provide liability insurance for the intern while the intern is working with the New Britain Police Department.

The “City of New Britain and Consolidated School District” shall be named as “Additional Insured”, and you agree to provide a replacement/renewal certificate as least 60 days prior to the expiration of the policy.

\_\_\_\_\_  
Internship Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intern

\_\_\_\_\_  
Date



## NEW BRITAIN POLICE DEPARTMENT'S **RIDE-ALONG PROGRAM** GUIDELINES



In order to facilitate the program the following guidelines are established:

### **YOU ARE REQUESTED TO:**

Be dressed appropriately in such a manner that will in no way reflect upon or have a negative bearing upon you, the program or the Police Department. The following are examples of types of clothing that is not acceptable:

- Casual jeans, shorts
- Tennis shoes, sandals
- Police Uniform or insignia from another Department
- Sweatshirts or t-shirts

No person will be allowed to participate in a Ride-Along if they:

- Are carrying a weapon, including firearm(s), even if they have a permit
- Are impaired by drugs, alcohol or both
- Are determined to be unfit to participate in the program by the Shift Commander
- Are not presently in good health
- Have consumed alcohol within the previous (8) hours

Arrange for transportation to and from the police station. You are encouraged to ask questions about police work. However, your police partner is not aware of all aspects of the police department's area of operations.

In order to comply with Departmental policy, you must use the seat belts and shoulder restraints in the police vehicle. It is important for you to know that certain police calls are inherently dangerous. If it is necessary for the Police Officer to respond to a call you will be dropped off at a mutually acceptable location and picked up after the event.

**DO NOT** interfere in any way with the officer's handling of a situation. You may ask questions about a specific incident after it has been completed and you have left the scene.

**You may observe an event during your Ride-Along that may require you to appear in court as a witness.**

A waiver of liability form is attached and is required to be executed by you prior to the Ride-Along. In essence, it releases the City of New Britain and the Consolidated School District from liability for any injury or other disability that you might sustain during the Ride-Along.



**NEW BRITAIN POLICE DEPARTMENT'S**  
**RIDE-ALONG PROGRAM APPLICATION**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(Last, first, middle initial)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK #: \_\_\_\_\_

SCHOOL OR EMPLOYER: \_\_\_\_\_

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? Yes \_\_\_ No \_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? Yes \_\_\_ No \_\_\_

WHAT KIND? \_\_\_\_\_

HAVE YOU READ AND UNDERSTOOD THE WAIVER? Yes \_\_\_ No \_\_\_

HAVE YOU READ AND UNDERSTOOD THE GUIDELINES? Yes \_\_\_ No \_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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**ADMINISTRATION SECTION**

NCIC CHECK: \_\_\_\_\_ CJIS CHECK: \_\_\_ RECORD: Yes \_\_\_ No \_\_\_

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APPROVED: \_\_\_\_\_ REJECTED: \_\_\_\_\_

\_\_\_\_\_  
**Chief James P. Wardwell**

\_\_\_\_\_  
(dated)

You are not required to release any personal medical information; however failure to do so may prevent you from participating in this program.



# NEW BRITAIN POLICE DEPARTMENT WAIVER OF LIABILITY



For and inconsideration of the undersigned being given the opportunity of observing police operations and functions of the New Britain Police Department by riding in a car operated by members of the New Britain Police Department, and by any and all other means of observation whatsoever, the undersigned in order to avail himself/herself of said opportunity, recognizes and assumes any and all risks pertaining to, and releases the City of New Britain Connecticut and the New Britain Consolidated School District from any and all liabilities, his heirs, dependents and/or others may make against the City of New Britain Connecticut and its employees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witnessed: \_\_\_\_\_

(Circle one) Approved:    Not Approved:

(Chief of Police): \_\_\_\_\_

Officer Assigned to: \_\_\_\_\_

Date and Time to observe: \_\_\_\_\_