



*Lakeville Police Department  
Office of the School Resource Officer*

## **School Resource Officer Student Internship Program 2019-2020**

### **Overview and Benefits**

School Resource Officer Student Internship Program, created in conjunction with the Lakeville Police Department, is designed for grade 12 students who have an interest in exploring careers in law enforcement or criminal justice. The Internship Program affords participating students an overview of careers in those fields while earning Work Based Learning credits. The Internship also provides a resource for the Lakeville Police Department in its recruiting effort.

### **Opportunities and Training**

A participating student Intern engages in a minimum of twenty-four hours (24) of work-based learning with Lakeville Police Officer Valerie Bartholomew. Hours begin with training sessions about aspects of law enforcement such as motor vehicle infractions, burglary, accident investigation, traffic stops, crime scene investigation, arrest procedures, and domestic issues, as well as an exploration of the accompanying laws. An Intern is then given the opportunity to observe these aspects of law enforcement by riding with a highly experienced Lakeville Police Officer, while on patrol. An Intern will observe how the trainings translate to the work of an Officer in "real life." In addition to the training sessions and ride-alongs, an Intern may engage in observational and practical hours with the Detective division and dispatch and communications. Interns will share their newly acquired knowledge by completing a project agreed upon by contract at the onset of the Internship that will be presented to ARHS administration and students interested in taking the internship.

### **Eligibility Requirements**

An applicant for the School Resource Officer Student Internship Program must be:

- ✓ Member of grade 12 at Apponequet Regional High School
- ✓ Academically Eligible (ARHS Handbook)
- ✓ Attendance Eligibility (ARHS Handbook)

An applicant for the School Resource Officer Student Internship Program must attain:

- ✓ 2 Letters of Recommendation (1 School Admin., 1 School Staff)
- ✓ Parental permission
- ✓ Enrollment on Work-Based Learning Course #646 (ARHS Program of Studies)

An applicant, as a potential law enforcement employee, must submit to a complete background check which includes all driving records.

**Meetings: Please note classes will meet on select Wednesdays at 12:43-1:43 (after school) and a TBD field trip date.**



## Law Enforcement Internship Application 2019-2020

Dear Student Internship Parent/Guardian:

Your child has expressed interest in the Law Enforcement Internship Program, I want you to be aware of the training that your son/daughter may participate in as a member of the program. Listed below are some of the training programs we will be using. The program will consist of after school classroom instruction, and also ride-along time in a police cruiser (optional). With this police training, there are some items I feel the parents should be aware of, and the intern shall have his or her parents' approval to participate.

1. Various videos- Minor foul language is used to illustrate points; intoxication, actual events, etc.
2. Firearms safety- Classroom instruction. Firearms may be presented and handled by officers present (unloaded and safe)
3. Self defense- Physical contact is used.
4. Handcuffing- Physical contact is used.
5. Vehicle and Traffic Stops- Classroom instruction with hands on scenarios in the parking lot. In cruiser observation during ride-along.
6. Motor Vehicle Law Classroom instruction.
7. Criminal Law & Constitution Law- Classroom instruction.
8. Drug Law- Classroom instruction. (actual narcotics may be presented by the officer for training purposes)
9. Traffic direction/radar- students will be out of the roadway during training.
10. Communications- answering telephones, police radio, and using a computer while supervised.
11. Ride-along with Police Officer- Intern candidates who are eligible, and obtain parent permission will ride in the passenger seat of a police vehicle while on patrol.
12. Field Trips- Trips to the courthouse and prison may be conducted during the program. Permission slips must be signed before the intern attends a trip.

There will be much more training available to the student intern, but it is too lengthy to list. I would ask that you complete the application and sign the bottom of this form giving permission for your son or daughter to participate. Student intern grades will be monitored for continued participation in the program.

Best Regards,

Valerie Bartholomew  
School Resource Officer  
Lakeville Police Department

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I \_\_\_\_\_ give my child \_\_\_\_\_ permission  
(Parent or Guardian) (Student's Name)

to participate in the Lakeville Police Intern Program. My signature also signifies that the information in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Student Applicant's Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

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

**Home Telephone:** \_\_\_\_\_

**\*Student Cellular #:** \_\_\_\_\_

**\*Student's email address:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Male / Female**      **Height:** \_\_\_\_\_ **Ft/In**      **Weight:** \_\_\_\_\_ **lbs**

**Eye Color:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Build:** \_\_\_\_\_

**Are you a US Citizen:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Have you been convicted of any crime?:** \_\_\_\_\_

**Do you have any injuries or disabilities?** \_\_\_\_\_

**If you answered yes to any of the above please explain:** \_\_\_\_\_

\_\_\_\_\_

**Do you use illegal drugs?** \_\_\_\_\_

**List any prescription drugs that you take:** \_\_\_\_\_

**Why do you want to be a police intern?**

\_\_\_\_\_

**Do you plan on following a police career? What area interests you?**

\_\_\_\_\_

**List your hobbies:** \_\_\_\_\_

**How did you learn of the intern program:** \_\_\_\_\_

**The above is correct to the best of my knowledge:**

\_\_\_\_\_  
Student Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature



**List two character references (school professional, boss and/or family friend):**

1. Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Telephone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Telephone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone #'s:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Insurance Provider** \_\_\_\_\_

**Provider #:** \_\_\_\_\_

**Medical Release**

The undersigned parent(s) /guardian(s) of \_\_\_\_\_, a member, applicant, or guest of the Lakeville Police Internship Program hereby grants and gives permission to the employees, and members of the Lakeville Police Department, to administer medical attention to \_\_\_\_\_ in emergency situations and if necessary enlist the aid of local emergency services personnel for medical aid and transportation. In all emergency situations, the undersigned parent(s) /guardian(s) will be notified of the status of \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Ride-Along Waiver and Release Form**

I, \_\_\_\_\_ in consideration of the opportunity to participate in the Student Internship Program conducted by the Lakeville Police Department, including the opportunity to ride with a trained/experienced officer while on patrol, do hereby relieve the Lakeville Police Department, the Town of Lakeville, and any employees, agents, officials, or representatives of the Lakeville Police Department and the Town of Lakeville of any and all liability for any claims which I may have as a result of my participation in the Student Internship Program, and all activities related hereto; I further acknowledge that participation in the program may expose me or my property to risk or happenings encountered by Police Officers of the Town of Lakeville while in the performance of their duties. I therefore enter this program assuming all risks of injury to my person or property arising from my participation in the program, and in the regard assume and agree to pay all medical cost or property damage cost occasioned thereby, releasing the Town of Lakeville, the Lakeville Police Department and its employees from and against all claims, damages, injuries or causes of actions which I, my heirs, or administrators may have herein.

In witness whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 2019/2020.

\_\_\_\_\_  
Student Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**-----DO NOT WRITE BELOW THIS LINE-----**

Date of Application: \_\_\_\_\_ Processed By: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Background Check By: \_\_\_\_\_

Comments: \_\_\_\_\_

Approval: YES NO      Remarks \_\_\_\_\_

Approved By: \_\_\_\_\_  
School Resource Officer

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Guidance Counselor