

# **ST. CHARLES POLICE DEPARTMENT**

## **SUMMER INTERNSHIP**

### **MISSION STATEMENT:**

The mission of the St. Charles Police Department is to safeguard life and property, preserve the peace, prevent crime, enforce the law and protect the rights of all citizens. We are committed to working in partnership with the community to identify and resolve issues that impact public safety.

### **CORE VALUES:**

Integrity – Respect – Excellence – Honor - Compassion

### **APPLICATION DEADLINES:**

Summer Internships (unpaid): June through August

Applications accepted from October until the last Friday in March

**\*\*Candidates who best fit the needs of the St. Charles Police Department will be contacted no later than 6 weeks after the application deadline.\*\***

### **PURPOSE OF THE INTERNSHIP:**

The internship's purpose is to provide experience for university and college students who are seriously interested in entering the field of law enforcement. Qualified students will provide support duties to uniformed staff aiding in daily operations. Students will be exposed to the day-to-day activities of a St. Charles Police Officers and introduced to the different areas of the criminal justice system. **ELIGIBILITY:** To be considered for an internship with the St. Charles Police Department, students must meet the following criteria:

- Must be enrolled in a class requiring an internship and receive course credits for internship.
- Must be attending a regionally accredited Criminal Justice and/or POST approved college or university. Applicants attending colleges which don't meet this criterion will also be considered, but preference will be given to POST accredited colleges or universities.

- Must be pursuing a career in Law Enforcement, Criminal Justice, Corrections, or Emergency Management. Priority is given to students pursuing a career in Law Enforcement/Criminal Justice.
- Must possess a valid driver's license or have the proven ability to acquire one prior to the starting date. A clean or acceptable driving record will be required.
- Must submit to and pass a driver license/criminal history check.
- Must agree to be fingerprinted.

### **LENGTH AND HOURS OF INTERNSHIP:**

The internship will be scheduled for one semester or one quarter, depending on the college or university with which the student is affiliated. The number of internships offered is dependent upon the needs of the agency. All internships are unpaid. Work time will be flexible Monday-Friday and weekends.

### **REQUIREMENTS:**

To apply for an internship with the St. Charles Police Department, all students must provide the following:

- Cover letter outlining your career goals and why you would like to be an intern with the St. Charles Police Department.
- Completed St. Charles Police Department Internship Application.
- Resume indicating any specialized qualifications you have (i.e. computer, audio/visual, communications etc.)
- A letter from the college official overseeing your internship verifying that this is an authorized college/university internship program.
- A signed Applicant Data Record Form
- A signed Application Disclaimer and Signature Form
- A signed SCPD Internship Placement and Indemnity Form
- A signed SCPD Internship Activities Agreement (Exhibit A) Form
- Two BCA Fingerprint Cards (for employment). Please check with your local Sheriff's Office to get fingerprinted.

If you fail to submit a complete packet, you will not be considered for this opportunity. Please contact Chief, Jose Pelaez with questions regarding the SCPD Internship Program at: (507) 932-8020 or [jpelaez@stcharlesmn.org](mailto:jpelaez@stcharlesmn.org).

Application Information/Package should be sent to:

St. Charles Police Department

ATTN: Chief, Jose Pelaez

830 Whitewater Ave.

St. Charles, MN 55972



# APPLICATION FOR EMPLOYMENT CITY OF ST. CHARLES

[www.stcharlesmn.org](http://www.stcharlesmn.org)

Thank you for applying for employment with the City of St. Charles. Complete the entire application, including signature and date, to ensure consideration. A resume may be attached but is not a replacement for the information requested in the application. The City of St. Charles does not discriminate based on race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability. Applicants are not required to reveal any information that may identify these attributes. Completed applications should be submitted to City of St. Charles, Attn: Andrew Langholz, 830 Whitewater Avenue, St. Charles, MN 55972

## POSITION INFORMATION

Position you are applying for:		Date:
Type of Work Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal Hours <input type="checkbox"/> Limited Term/Temporary		
Date available to begin working:	Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for the City of St. Charles? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, when? In what position(s)?	
Are you related to any current City of St. Charles employee or elected official? <input type="checkbox"/> YES <input type="checkbox"/> NO   If so, who?		
Do you wish to claim Veterans' Preference? <input type="checkbox"/> YES <input type="checkbox"/> NO   *If yes, please complete the Veterans' Preference Section at the end of this application.		
How did you learn of this Position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Walk-In <input type="checkbox"/> City Website <input type="checkbox"/> Other _____		

## APPLICANT INFORMATION

Last Name:	First Name:	M.I.:
Home Address:		Apartment/Unit #:
City:	State:	ZIP:
Phone #:	E-mail Address:	

## EDUCATION

Did you graduate from high school or receive a GED?    YES    NO

How many years of education have you completed (circle one)   12   13   14   15   16   17   18   19   20

Name of College, University, Technical, High School (Begin with High School)	Location (City & State)	Dates		Did you graduate?	Certificate or Degree	Major/Course of Study
		From	To			
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

## SPECIAL SKILLS, EXPERIENCES, QUALIFICATIONS

Please summarize any special skills or experience which will help you with the position you are applying for, include volunteer work.

**LICENSE INFORMATION**Do you have a valid driver's license?  YES  NO

Driver's License #:

Expiration Date:

Class (e.g. A, B, C, D, provisional, etc.):

Endorsements (e.g. airbrake, motorcycle, trailer, etc.):

**- - - To Be Completed by Applicants for Clerical & Administrative Positions Only - - -**Typing Ability:  YES  NO \_\_\_\_\_ WPMCan you operate a personal computer:  YES  NO

Other office equipment you can operate:

Please select below the software/programs you have used:

Microsoft Software:

 Word  Excel  PowerPoint  Publisher

Other Programs:

 Adobe Acrobat

Caselle /Civic Systems

 Word Press  Laserfiche  GIS Software Utility Billing  Fund Accounting**- - - To Be Completed by Applicants for Public Works or Park Maintenance Positions Only - - -**

Apprenticeship(s) served or trades learned:

Licenses or Certifications held &amp; expiration date (e.g. water/wastewater operator's license, journeyman lineman):

Proficient in operating the following equipment (note – snowplowing requires Class B driver's license):

 Bobcat  Loader  Snowplow  Jetter  Grader  Mower  Digger Derrick  Street Sweeper  
 Other:**Known Languages (Other than English):**(1) \_\_\_\_\_  Speak  Read  Write(2) \_\_\_\_\_  Speak  Read  Write

**PREVIOUS EMPLOYMENT**

*Please provide all employment or volunteer experience. Begin with your present/last position and work back. Provide sufficient, qualifying experience. Please explain all periods of unemployment exceeding 90 days. Additional Information Sheets are available if needed.*

<b>Employer:</b>		Phone #:	<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:		
Position Title:	Dates Employed (Mo/Yr): From to	Total Yrs/Mos Employed:	Hours Per Week:	
Reason for Leaving:				
Supervisor Name/Title:	Supervisor Phone #	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Responsibilities and duties performed:				

<b>Employer:</b>		Phone #:	<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:		
Position Title:	Dates Employed (Mo/Yr): From to	Total Yrs/Mos Employed:	Hours Per Week:	
Reason for Leaving:				
Supervisor Name/Title:	Supervisor Phone #	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Responsibilities and duties performed:				

<b>Employer:</b>		Phone #:	<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:		
Position Title:	Dates Employed (Mo/Yr): From to	Total Yrs/Mos Employed:	Hours Per Week:	
Reason for Leaving:				
Supervisor Name/Title:	Supervisor Phone #	May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Responsibilities and duties performed:				

<b>Employer:</b>		Phone #:		<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:			
Position Title:		Dates Employed (Mo/Yr): From to		Total Yrs/Mos Employed:	Hours Per Week:
Reason for Leaving:					
Supervisor Name/Title:		Supervisor Phone #		May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Responsibilities and duties performed:					

<b>Employer:</b>		Phone #:		<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:			
Position Title:		Dates Employed (Mo/Yr): From to		Total Yrs/Mos Employed:	Hours Per Week:
Reason for Leaving:					
Supervisor Name/Title:		Supervisor Phone #		May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Responsibilities and duties performed:					

<b>Employer:</b>		Phone #:		<input type="checkbox"/> FT <input type="checkbox"/> PT	
Address:		City/State/Zip:			
Position Title:		Dates Employed (Mo/Yr): From to		Total Yrs/Mos Employed:	Hours Per Week:
Reason for Leaving:					
Supervisor Name/Title:		Supervisor Phone #		May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Responsibilities and duties performed:					

<b>REFERENCES - Please list three professional references (no relatives)</b>		
<b>Full Name:</b>	Title:	Phone #:
Organization:	Relationship:	
<b>Full Name:</b>	Title:	Phone #:
Organization:	Relationship:	
<b>Full Name:</b>	Title:	Phone #:
Organization:	Relationship:	



**APPLICATION DISCLAIMER AND SIGNATURE**

- I certify that the information provided in this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
- I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information to the City of St. Charles that may be required to enable the City of St. Charles to arrive at an employment decision.
- I release the City of St. Charles and all providers of information from any liability and a result of furnishing and receiving any information related to the City of St. Charles's hiring process.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of St. Charles is of an "at will" nature, which means that as an "at will" employee, I may resign at any time and that the City of St. Charles may discharge me at any time with, or without cause.
- I understand that if hired, I am required to abide by all rules and regulations of the City of St. Charles.
- I am also aware that my application is subject to the Minnesota open records law and may be released as a public document.
- I also understand that this application is the property of the City of St. Charles and will become a part of my personnel file if I am hired.

**Applicant's Printed Name:**

**Applicant's Signature:**

**Date:**

**TENNESEN WARNING / DATA PRACTICE ADVISORY (Important facts concerning information provided on your application)**

Minnesota Statutes § 13.04 on data privacy requires that you be informed that the following information, which you will be asked to provide in the employment process, is considered private data. If you are employed, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, please notify the City of St. Charles office by letter.

**Private Data:**

**We ask for this information for the following reasons:**

- Name
- Home address
- Home phone number
- Social Security number
- Date of birth
- Conviction record
- Sex
- Age group
- Racial/ethnic group
- Disability type

- To distinguish you from all other applicants and identify you in our personnel files.
- To enable us to verify that you are the individual who takes the examination.
- To enable us to contact you when additional information is required, send you notices, and/or schedule you for interviews.
- To determine if you meet the minimum age requirements (if any).
- To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for.
- To enable us to ensure you rights to equal opportunities.
- To meet federal reporting requirements.
- To make processing more efficient.

The data supplied may be used for other purposes as may be determined to be necessary in the administration of the City of St. Charles Civil Service Act and the rules and regulations promulgated pursuant thereto.

Furnishing Social Security number, date of birth (unless a minimum age is required), sex, age group, racial/ethnic group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you and to other persons in the city or city-related programs that have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

If you are selected for an interview, your name, score, and address will become public information and may be provided to anyone.

If you are hired by the City of St. Charles, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration and will enable us to compute your salary deductions will be classified as private as will payroll deduction data.

If you have any questions regarding your rights as a subject of data, please contact the Deputy Clerk, City of St. Charles, at 830 Whitewater Avenue, St. Charles, MN 55972.

**This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**



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## CITY OF ST. CHARLES VETERANS' PREFERENCE POINTS APPLICATION INSTRUCTIONS

### Complete this form **ONLY** if you are a veteran **AND** are claiming **Veterans' Preference**

The Minnesota Veterans' Preference Act (MVPA) requires political subdivisions of the state to award preference points to veterans for most open and competitive positions. *It does not apply* to internal applicants, except for promotional exams.

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provisions of Minnesota Statutes 197.447. Preference points are awarded to qualified veterans to supplement their application. Preference is a credit of points available to qualified veteran applicants to recognize the training and experience they received as a result of serving in the military. Preference is awarded by rating applicants on a 100-point scale. Veterans (as defined below) who receive a passing score (i.e. meet the minimum qualifications for a job) are awarded an extra ten (5) points. Eligible spouses of a disabled or deceased veteran must also meet the minimum qualification in order to receive preference points. Ten (10) points are added if the veteran has a service-connected compensable disability as certified by the Veterans Administration.

For open hiring, veterans can use preference points for each position in which they apply. To qualify for preference for a **competitive hiring process**, you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, OR by reason of disability incurred while serving active duty OR having served the full period called or ordered for active duty AND be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on an **internal promotion**, a veteran must have received a USDVA active duty service-connected disability rating of 50% or more. For a promotion exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five (5) points preference only for the first promotion after securing City employment.

#### **To meet the MS 197.447 eligibility requirements of "veteran," the person must:**

1. Be a U.S. citizen or resident alien AND
  2. Have received a DD Form 214 (Separation or Discharge from Active Duty) that is characterized as "under honorable conditions" from any branch of the U.S. Armed Forces
- AND have either:
- a) Served on Active Duty (not active duty for training-ADT) for at least 181 consecutive days, OR
  - b) Have been discharged by reason of service-connected disability, OR
  - c) Have completed the minimum active duty requirements of federal law, as defined by CFR Title 38, section 3.12a, [i.e. the full period for which a person was federally ordered to active duty]. For example: National Guard persons federally ordered to Iraq. Note on DD214 the CFR Title or designation of Federal Orders and note the wording "completed orders." OR
  - d) Persons with service certified by Secretary of Defense as Active Military Service under Public Law 95-202. (Example: certain Merchant Marines in WW II). The local CVSO does have list of groups authorized by PL 95-202, which is limited.

# CITY OF ST. CHARLES VETERANS' PREFERENCE APPLICATION

**The information you provide on this form will be used to determine eligibility for veterans' preference points.  
If you choose to apply for veterans' preference points,  
you are required to supply the following information along with appropriate documentation.**

VETERANS' PREFERENCE APPLICATION		
Last Name	First Name	MI
Position For Which You Applied:		
Street Address	City/State/Zip Code	Daytime Phone:
<b>Do you wish to apply for Veterans' Preference?</b> <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span>		
If you answered yes, complete the rest of this application. If you answered no, please sign at the bottom of the application and return it with your application materials.		
<b>Are you a US Citizen or Resident Alien?</b> <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span>		
<b>Veteran (5 Points*)</b> Were you honorably discharged? <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span>		
<b>Disabled Veteran (10 Points* or 5 Points**)</b>		
Percentage of disability: _____%		
Have you ever been promoted within the City of St. Charles? <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span>		
<b>Spouse of Deceased Veteran (5 Points*)</b> <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span>		
<b>Spouse of Disabled Veteran (10 Points*)</b> <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span>		
* (Used for open hiring process.) ** (Used for internal hiring process)		

- 1) You MUST Attach a copy of the DD214 or DD215. This copy must state the nature of discharge (i.e. honorable, general, medical, under honorable conditions, etc.)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision in writing that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Note: Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statute 197.455.
- 3) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran's DD214 OR DD215, a death certificate, verification of their marriage at the time of the veteran's death, and that the spouse has not remarried. Note: if you have remarried or were divorced from the veteran, you are ineligible to receive points.
- 4) All required documentation is required to be submitted within seven (7) days of the application deadline. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at: <http://mnveteranservice.org/documents/cvso.html> or the local County Veteran's Service Officer.

Thank you for your military service and for your interest in employment with the City of St. Charles. Please contact our office at (507) 932-3020 or your local Veterans' Service Office if you have any questions regarding veterans' preference in public employment.

**AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of St. Charles, City Administrator.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUBMIT THIS FORM AND REQUIRED DOCUMENTATION TO THE CITY ADMINISTRATOR**



### Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of St. Charles appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender:  Male  Female

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

#### SPECIAL NOTICE TO DISABLED INDIVIDUALS:

If you are a disabled person, you are invited to volunteer information concerning any personal physical or mental disability. If you desire, please state below any personal disability and your suggestions on how it may be accommodated.

Disability status, defined as:

1. Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
2. Has a history of a disability (such as cancer that is in remission);
3. Is regarded as having such an impairment.

Do you claim disability status?  Yes  No

Suggestions for reasonable accommodations:

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## APPLICANT DATA RECORD

**Please return this form with your employment application.**

This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making decisions regarding your employment. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary; refusal to complete the form will not adversely affect your employment.

You have made application with this agency for employment. The Minnesota Data Practices Act requires that you be advised of the following information: You are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records, and warrant information. You may refuse to provide this information; however, should you refuse, the investigation cannot be completed and will result in your application not being processed. The information that you provide will be used by the City of St. Charles to complete its background investigation.

Date of Application:		Position applied for:	
Last Name:		First Name:	
Middle Name:		Maiden, Alias or Former Name(s):	
Phone #:		Email:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	
Driver's License/ID Number:		Issuing State:	I have resided In Minnesota for the past five years: <input type="checkbox"/> Yes <input type="checkbox"/> No

City of St. Charles  
 GENERAL AUTHORIZATION AND RELEASE  
 Pursuant to MN Statute 13.04  
 Subd. 4 Minnesota Data Practices

To: St. Charles Police Department

I hereby authorize the St. Charles Police Department to conduct a Criminal History Check on myself and to release the data collected to the St. Charles City Administrator.

I understand that the Criminal History Check will be performed by retrieving and reviewing data maintained by the Minnesota criminal justice information system (CJIS). If I have resided in Minnesota for less than five years, I hereby authorize the St, Charles Police Department to also conduct a search of the national criminal records repository, including the criminal justice data communications network.

The purpose of the Criminal History Check is to determine whether or not a conviction record may be a job-related consideration affecting my suitability for a position with the City of St. Charles, Minnesota, I understand that refusal to give my consent for a Criminal History Check may disqualify me from the City position I have applied for.

I understand that another "responsible authority" may have access to all or part of the information in the report, if the access is authorized or requested by Minnesota Statutes or Federal Law.

I understand that I will receive a copy of the Criminal History Check and shall have the right to challenge the accuracy or completeness of the information contained in the report under Minnesota Statutes Section 13.04, Subd. 4.

This authorization shall be valid for a period of one year, but I reserve the right to cancel this authorization at any time prior to its expiration by providing written notice to the St. Charles Police Department.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Applicant must be in the presence of a notary before signing)**

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Notary Stamp)

**ST. CHARLES POLICE DEPARTMENT  
VOLUNTEER UNPAID INTERNSHIP PROGRAM  
RISK ACKNOWLEDGMENT, RELEASE, AND INDEMNITY FORM**

*Please read thoroughly and carefully*

I HAVE READ, UNDERSTAND, AGREE, AND ACKNOWLEDGE THAT:

1. By participating in the St. Charles Police Department Volunteer Unpaid Internship Program (the “Program”), I am volunteering to perform services for the City of St. Charles (the “City”) that may include, but which are not limited to, those services and activities listed on the City of St. Charles Police Department Volunteer Unpaid Internship Program – Anticipated Activities (“Internship Activities”) sheet attached hereto as Exhibit A and incorporated herein by reference.
2. By participating in the Program, I am providing services only as a volunteer and that in doing so, I am not acting in the capacity of, nor displacing an employee of the City. The performance of volunteer services is for civic, charitable, and/or humanitarian reasons, and without promise, expectation, or receipt of compensation for services rendered by me as a volunteer. My participation in the Program and the services performed are done so freely by me and without pressure or coercion, direct or implied, from the City.
3. Any academic credit I receive for participating in the Program shall be arranged by me and my academic institution. The City shall have no liability whatsoever for my failure to receive academic credit for engaging in (or failing to engage in) volunteer services or activities on behalf of the City, regardless of whether my failure to receive academic credit is due in part or in full to the City’s actions, including but not limited to the City’s decision to terminate, suspend, or modify the Program.
4. I will abide by all Program requirements established by the City. Failure to do so may result in my suspension or removal from the Program.
5. The City reserves the right to suspend or remove me from the Program at any time and without warning due to my failure to abide by the Program requirements established by the City. Further, the City may terminate, suspend, or modify my status as a volunteer, or my participation in the Program, or any of the services or activities I am to perform, at the City’s sole discretion, taking into account, if the City so chooses, the necessary and proper function of the St. Charles Police Department, the health, safety, or welfare of the City, or whether allowing me to participate in the Program has become impractical in the City’s discretion.
6. I understand that there are risks and hazards inherent to participating in the Program, including those services and activities listed on the Internship Activities sheet, which I have carefully reviewed, and that as a result of these risks and hazards I, as a volunteer, may suffer minor or serious personal injury, even death, as well as property loss. I nevertheless freely and voluntarily assume the aforesaid risks and hazards and accordingly my volunteer services shall be entirely at my own risk. I acknowledge that I am physically able to participate in the Program.
7. In the event that I am injured while participating in the Program, the City may, but is not required to, secure such medical advice and services for me as it, in its discretion, may

deem necessary for my health and safety, and I shall be financially responsible for all such advice and services.

8. I hereby grant the City permission to (and acknowledge that the City may) obtain, use, reproduce, and release any photographs, personal narrative, interviews, or audio and video recording of me obtained as a result of my participation in the Program for any and all purposes to promote the City and/or the City of St. Charles Police Department. Any individual may, therefore, be able to access this data. I am not legally required to provide such data, but if I refuse to do so, I may not be able to participate in the Program.
9. I understand that the City does not intend or suggest that my participation in the Program will lead to future employment with the City.

10. RELEASE AND INDEMNITY

In consideration of permission granted to me, the undersigned, by the City, to participate in the Program, I hereby, for myself, my spouse (if any), my children (if any), heirs, executors, or administrators, and personal representatives:

- (a) Assume full responsibility for any personal injury or damage to my person or property that may occur, directly or indirectly, while participating in the Program;
- (b) Fully and forever release, waive and discharge the City, its officers, employees, agents, and elected officials, and volunteer and/or internship coordinators and volunteers, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseeable or unforeseeable, resulting from or arising out of my volunteer services;
- (c) Agree to indemnify and hold harmless the City, its officers, employees, agents, and elected officials, and volunteer and/or internship organizers and volunteers, for any acts or conduct by me of whatever kind or nature whatsoever, while volunteering my services;
- (d) Agree to defend and to pay any costs or attorney's fees as a result of any action brought by or against the City, its officers, employees, agents, and elected officials, and volunteer and/or internship organizers and volunteers, for any acts or conduct by me of whatever kind or nature whatsoever, while performing volunteer services;
- (e) Agree that it is my intent that this ST. CHARLES POLICE DEPARTMENT VOLUNTEER INTERNSHIP RISK ACKNOWLEDGMENT, RELEASE, AND INDEMNITY FORM be in full force and effect at any time after the execution hereof.
- (f) This release does not waive liability for any injuries that I obtain as the result of the willful, wanton, or intentional misconduct by the City or any person acting on behalf of the City.

**Volunteer Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_



**EXHIBIT A**

**CITY OF ST. CHARLES POLICE DEPARTMENT  
VOLUNTEER UNPAID INTERNSHIP PROGRAM  
– ANTICIPATED ACTIVITIES**

City of St. Charles Police Department Volunteer Unpaid Internship Program (the “Program”) exists to encourage stronger relationships between the St. Charles Police Department and the community, promote careers in law enforcement, and motivate local college students towards community service. The Program may be added to, modified, or eliminated at the sole discretion of the City of St. Charles Police Department.

**Dates and Hours:**

The Program for the calendar year 2024 will likely run from:

\_May\_\_\_, 2024 through \_July\_\_\_, 2024.

The schedule for Program activities will be as mutually coordinated between the volunteer and the City of St. Charles Police Department but will generally be scheduled between the hours of \_\_\_:00 a.m. to \_\_\_:00 p.m., Monday through Friday.

**General Responsibilities of Volunteers:**

1. Assume professional behavior while participating in the Program.
2. Follow all policies, procedures, and other expectations of the City of St. Charles Police Department.
3. In the course of performing services for the City of St. Charles Police Department, the volunteer may encounter not public data. Any access to not public data by the volunteer should be strictly limited to accessing the data that are necessary to perform the services. While data are being accessed, the volunteer should take reasonable measures to ensure the not public data are not accessed by individuals without a work reason. The volunteer is prohibited from disclosing or discussing any such data without a work reason. Once the work reason to access the data is reasonably finished, this position must properly store the not public data.
3. Meet with the Program Coordinator to review and discuss the volunteer’s schedule and Program details.
4. Notify the Program Coordinator in advance if the volunteer will be unable to perform services when scheduled.

**Anticipated Activities:**

It is anticipated that volunteers will have the opportunity to perform activities in different organizational units of the St. Charles Police Department. The different organizational units and anticipated activities are listed beginning on the next page:

<b>Organizational Unit:</b>	<b>Duties:</b>
<i>Administration:</i>	<ol style="list-style-type: none"> <li>1. Introduction and tour of facility.</li> <li>2. Read and become familiar with all policies and procedures of the St. Charles Police Department.</li> <li>3. Become familiar with the process of police/media interaction.</li> <li>4. Attend administrative meetings and assist in processes when needed.</li> <li>5. Maintain activities log.</li> </ol>
<i>Dispatch/Jail:</i>	<ol style="list-style-type: none"> <li>1. Observe and understand the duties and responsibilities of dispatchers and field communications.</li> <li>2. Observe and understand the duties and responsibilities of jailers.</li> <li>3. Maintain activities log.</li> </ol>
<i>Patrol:</i>	<ol style="list-style-type: none"> <li>1. Observe and understand the duties and responsibilities of patrol.</li> <li>2. Observe and understand the process of field communications, police/citizen interaction, and the different types and goals of patrol.</li> <li>3. Know and understand how shift work impacts patrol functions and goals.</li> <li>4. Distinguish between the functions and goals of traffic control and investigations, service-related activities, medial related responses, crime responses, order maintenance and police presence, and administrative activities.</li> <li>5. Assist at officer's direction, maintain activities log and, when able, engage in report writing.</li> </ol>

<b>Organizational Unit:</b>	<b>Duties:</b>
<i>DARE/Liaison:</i>	<ol style="list-style-type: none"> <li>1. Observe and participate in duties or DARE and Liaison officer.</li> <li>2. Become familiar with and understand the goals of drug education and prevention.</li> <li>3. Understand the processes of the juvenile justice system.</li> <li>4. Become familiar with the importance of school safety and security.</li> <li>5. Understand the role of community relations.</li> <li>6. Maintain activities log and, when able, engage in report writing.</li> </ol>
<i>Investigations:</i>	<ol style="list-style-type: none"> <li>1. Observe and understand the duties and responsibilities of investigations.</li> <li>2. Observe the processes of crime investigations.</li> <li>3. Assist in follow-ups with victims and witnesses.</li> <li>4. Plan and prepare an investigation.</li> <li>5. Observe interviews.</li> <li>6. Understand the role of evidence in investigations as well as the chain of evidence.</li> <li>7. Maintain a log of activities and, when possible, write reports.</li> </ol>
<i>Evidence:</i>	<ol style="list-style-type: none"> <li>1. Observe and understand the duties and responsibilities of evidence collection and interpretation.</li> <li>2. Assist in any processing of evidence as needed.</li> <li>3. Understand and know the evidence chain and how it is maintained.</li> <li>4. Observe the process of sending potential evidentiary items to the crime lab.</li> <li>5. Maintain activities log.</li> </ol>
<i>Court:</i>	<ol style="list-style-type: none"> <li>1. Observe and understand the processes of criminal court from 1st appearances to trial.</li> <li>2. In this process pay particular attention to the role of the law enforcement officer.</li> <li>3. Maintain activities log.</li> </ol>

<b>Organizational Unit:</b>	<b>Duties:</b>
<i>Agency Collaboration:</i>	<ol style="list-style-type: none"> <li>1. Observe and understand the interaction of the police and other social service agencies of the community.</li> <li>2. As possible, observe the duties of and interaction with the Woman's Resource Center, the Department of Corrections, Human Services, and other service agencies that work closely with the police department.</li> <li>3. Maintain activities log and, when possible, write reports.</li> </ol>