



City of Omaha
Jean Stothert, Mayor



Todd R. Schmaderer
Chief of Police

Omaha Police Department
"To Serve and Protect"
505 South 15th Street
Omaha, Nebraska 68102-2769
(402) 444-5600
fax (402) 444-5898
www.opd.ci.omaha.ne.us

Dear Prospective Intern:

Thank you for your interest in the Omaha Police Department's internship program. Enclosed are an informational brochure, handout, and application packet. The brochure and handout briefly describe Omaha Police Department's intern program. If you are still interested in participating in the internship program after reviewing the enclosed materials, complete the application packet that includes:

1. **Intern Application** – provides background information on the applicant. Requires signature of the applicant and Faculty Advisor.
2. **Volunteer/Intern Agreement** – lists specific rules and regulations governing an intern of the Omaha Police Department. Requires the signature of the applicant.
3. **Volunteer/Intern Statement of Confidentiality and Waiver Form** – addresses specific topics an intern agrees to uphold. Requires the signature of the applicant.
4. **Emergency Data Sheet** – contains contact information necessary in the event of an emergency.
5. **Ride-along Agreement, Indemnity Agreement and Covenant Not to Sue** – addresses specific topics an intern agrees to uphold as a passenger in an Omaha Police Division vehicle. Requires signature of the applicant and witness.
6. **Application for OPD Security Pass** – requires information to request a security pass and building access chip (complete highlighted portions).
7. **Two release forms** – authorizes the Omaha Police Department to conduct a criminal background check and to contact your employers. Please complete the highlighted portions in front of a notary public that will witness your signature. You may contact me if you would like to use a notary from the Omaha Police Department. **Unless these forms are signed and notarized, your application cannot be processed.**

Please note that internships with the Omaha Police Department are unpaid internships with personal and criminal history checks and a personal interview required for all applicants. Please do not hesitate to contact me at (402) 444-3598 should you have any questions regarding our intern program. Otherwise, please return your completed application materials with the following items:

- Cover letter
- Professional Resume
- Copy of official transcripts sent by the college of all college work
- Letter of recommendation from a faculty advisor or a professor

All application materials should be received by my office at least one month prior to the date you wish to begin your internship. Your internship application will be processed when all materials have been received. Although intern placement is non-competitive, the number of applicants accepted each term is limited.

Again, thank you for your interest in our internship program. I look forward to discussing with you how performing an internship with the Omaha Police Department may make a positive contribution towards your academic curriculum.

Sincerely,

Coordinator of Volunteers & Interns



OMAHA POLICE DEPARTMENT APPLICATION FOR INTERNSHIP



Student Information:

Today's date: _____

Name _____
Last First Middle Name

Maiden/Other Names _____

Social Security No _____ Date of Birth _____

Current Address _____

City/State/Zip _____

Date Through Which Current Address Is Valid _____

Permanent Address _____ Permanent phone _____

City/State/Zip _____

Current Phone _____ Cell Phone _____ E-mail _____

Academic Year In School _____ Major _____ GPA _____

Term Applying For (Check One) Fall Winter Spring Summer

Were you referred to the Police Department? Yes No

If so, by whom? _____ Total contact hours required for internship _____

US Citizenship: Yes No. If No, Citizen of which country _____ US Visa Classification _____

Major:

Criminal Justice Police Administration

Forensics Other

Current Academic Institution Information:

College/University _____

Faculty Advisor _____ Telephone _____

School Address _____
Street City State ZIP

Internship Placement Information (use an additional sheet if necessary)

Please describe the type of internship placement that you would enjoy and why.

What skills and abilities would you bring to this internship?

Do you speak or read a foreign language? _____ Which one(s) _____

If you have lived at your "Current Address" less than five (5) years please indicate prior addresses for the past five (5) years. Use additional sheets if necessary.

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Criminal History: Have you been convicted of a felony or misdemeanor crime? Yes No If yes, explain on page 6. List below all traffic tickets, criminal arrests, and/or convictions that you have EVER had, including juvenile offenses. Use additional paper, if necessary.

Employment History: List all employment you have had over the past ten (10) years, beginning with the most recent. Include military, full and part-time employment and all periods of employment. Attach additional sheets if necessary.

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held	Supervisor
To: Month	Year	Duties	Co-Worker
Reason For Leaving Employment (<i>Explain</i>)			
Fired <input type="radio"/> Quit <input type="radio"/> Laid-Off <input type="radio"/> Asked to leave <input type="radio"/> Retired <input type="radio"/> [Circle One]			

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held	Supervisor
To: Month	Year	Duties	Co-Worker
Reason For Leaving Employment (<i>Explain</i>)			
Fired <input type="radio"/> Quit <input type="radio"/> Laid-Off <input type="radio"/> Asked to leave <input type="radio"/> Retired <input type="radio"/> [Circle One]			

Business Name			
Address, City, State, Zip Code			Phone
From: Month	Year	Position Held	Supervisor
To: Month	Year	Duties	Co-Worker
Reason For Leaving Employment (<i>Explain</i>)			
Fired <input type="radio"/> Quit <input type="radio"/> Laid-Off <input type="radio"/> Asked to leave <input type="radio"/> Retired <input type="radio"/> [Circle One]			

Educational History: List all schools you have attended beginning with high school.

Name of School	Address, City, State, Zip Code Telephone#	Dates Attended		Type of Degree	Suspended or Expelled
		From	To		

Explain any school suspension or academic probation of any kind:

School References: List persons (Teachers, Counselors, etc.) in schools that you have attended in the last three years.

Name	School	Address, City, State, Zip Code	(Area Code) Telephone

Personal References: List only persons you have known for at least six (6) months. Do not list relatives, current or former employers, teachers or physicians.

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Email Address:		

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Email Address:		

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone
Email Address:		

Additional Questions:

Have you ever been convicted of any type of crime involving domestic violence? Yes No

Have you ever committed an act of domestic violence? Yes No If yes explain on page 6.

Have you ever been involved in a child abuse or child neglect investigation of any kind?
Yes No If yes explain on page 6.

Have you ever had a Protection Order sworn out against you? Yes No Explain on page 6.

Have you ever sworn out a Protection Order on any one else? Yes No Explain on page 6.

Have you ever been a victim of a domestic disturbance? Yes No If yes explain on page 6.

Have you used marijuana, illegal drugs, or abused prescription drugs? Yes No
If yes, name the substance, the frequency of use, and period of uses on page 6

Have you ever bought, sold, distributed, manufactured or abused illegal drugs? Yes No
If yes, name the substance, the frequency of use, and period of uses on page 6

Since the age of sixteen, have you ever taken money or property from an employer or stolen money or property from someone else? Yes No If yes, explain the circumstances, item or amount, and when on page 6.

Have you or are you currently receiving treatment/counseling for psychiatric problems? Yes No

If yes, list when, where, and why on page 6

Applicant Certifications

I certify that all of the above questions have been answered to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination from interning. I further certify that I am enrolled in a four-year degree program at an accredited four-year university or college and have a Junior or Senior standing, or that I am enrolled in a two-year degree program and have completed two-thirds (2/3) of required credits toward a degree at an accredited two-year university or college. I also certify that I currently have a 2.5 or higher GPA on a 4.0 scale and that I meet all requirements. I understand that I must be enrolled (through my university or college) in an internship or independent study class offering to be accepted as an intern with the Police Department. **I understand before being accepted into this program a criminal history check, personal history check, reference check and personal interview will be conducted.**

Signature of Applicant _____ Date _____

Signature of Faculty Advisor _____ Date _____

A completed application consists of the following:

- A cover letter
 - Application For Internship
 - Volunteer/Intern Agreement
 - Volunteer/Intern Statement of Confidentiality and Waiver Form
 - Emergency Data Sheet
 - Ride-Along Release
 - Security Pass Application
- Professional Resume
 - Official transcript(s) of all college work
 - Two release forms

At least one letter of recommendation from a faculty advisor or professor

Send the completed application to;
Coordinator of Volunteers and Student Interns
Omaha Police Department
505 South 15th Street
Omaha, NE 68102

When Using This Additional Space, Note The Specific Section



OMAHA POLICE DEPARTMENT

VOLUNTEER/INTERN AGREEMENT



I, _____, request to serve as a Volunteer/Intern with the Omaha Police Department.

As a Volunteer/Intern, I agree to:

- Perform the tasks outlined in my task description to the best of my ability.
- Attend any training offered that will enhance my performance within the Department.
- Report to work on time when scheduled, and to call my supervisor if I am unable to report.
- Comply with and follow the same rules and policies as required of all Omaha Police Department employees.
- Refrain from using my Volunteer/Intern position to attempt to influence anyone in any manner.
- Strive to help the Department obtain its goals and objectives.
- Notify my supervisor and the Coordinator of Volunteers upon terminating my involvement with the program, and participate in an exit interview/evaluation. I will relinquish to the Coordinator of Volunteers any and all items or equipment issued to me including, but not limited to, an identification pass, identification chip, parking permit, ticket book and camera at the time of voluntary or involuntary termination.
- Notify the supervisor or Coordinator of Volunteers of any arrest or citation for any traffic, misdemeanor or felony charge.
- I am aware that my Volunteer/Intern status may be terminated at any time for failing to follow the rules, procedures, and terms of this agreement.

I have read and understand all the conditions of this agreement.

Volunteer's/Intern's Signature _____

Date _____

Coordinator of Volunteers _____

Date _____



OMAHA POLICE DEPARTMENT



VOLUNTEER/INTERN STATEMENT OF CONFIDENTIALITY AND WAIVER FORM

I, _____, understand that any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my Volunteer/Intern status. In addition, I authorize and request former employers, schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked and do here withhold such persons harmless for giving any information within their knowledge or record.

As a condition of acceptance as a Volunteer/Intern, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I understand that I do not have the right to continue my status or utilize appeal rights as a Volunteer/Intern if terminated. Also, I understand that I am not an employee of the City of Omaha or any department thereof, and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Volunteer/Intern with the Omaha Police Department, I will hold all names and information regarding the Department in the strictest confidence. Further, I understand that intentional or involuntary disclosure of confidential information to unauthorized sources may result in my termination as a Volunteer/Intern.

I further agree to release the City of Omaha, Nebraska, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Volunteer/Intern.

Volunteer/Intern Signature _____

Date _____

Coordinator of Volunteers _____

Date _____



OMAHA POLICE DEPARTMENT

OMAHA, NEBRASKA

"To Serve and Protect"



Application for OPD Security Pass

Name of Applicant (First, MI, Last) [REDACTED]		Serial Number and/or Social Security Number [REDACTED]		
Applicant's Address (Street, City, State, Zip) [REDACTED]			Position Title / Rank	
Applicant's Date of Birth [REDACTED]	Race/Ethnicity [REDACTED]	Sex [REDACTED]	Height [REDACTED]	Eye Color [REDACTED]
Representative of (Agency, Department or Company)				
Business Address (Street, City, State, Zip)			Business Telephone No.	
Supervisor's Name			Supervisor's Telephone No.	
Type of Security Pass Requested <input type="checkbox"/> OPD Form 122A; Outside Agency Security Pass (Escort Not Required) <input type="checkbox"/> OPD Form 122B; Volunteer & Intern Security Pass (Escort Not Required) <input type="checkbox"/> OPD Form 122F, News Media Security Pass (Escort Required)			Criminal History Check Requested <input type="radio"/> Yes <input type="radio"/> No	
Applicant's Signature			Date	
OPD Unit Supervisor Submitting Request (Name / Serial Number)			Date	
Application Approved <input type="radio"/> Yes <input type="radio"/> No		By (Signature, Serial Number and Unit Designation)		
Comments				
Security Pass Received <input type="radio"/> Yes <input type="radio"/> No		Date	Signature	
Date Security Pass Expires				
Date Security Pass Returned		Returned By (Name, Serial Number)		
Building Access Chip Issued <input type="radio"/> Yes <input type="radio"/> No		Date	Signature	
Date Access Chip Returned		Returned By (Name, Serial Number)		



OMAHA POLICE DEPARTMENT EMPLOYEE EMERGENCY DATA SHEET



Date _____ Name _____
(Last/First/MI)
 Job Classification _____ Serial No. _____ DOB _____
 Res. Address _____ Res. Telephone No. _____
 City _____ State _____ Zip Code _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Primary Contact

Name _____ Relationship _____
 Res. Address _____ Telephone No. _____
 Bus. Address _____ Telephone No. _____
 Cellular No. _____ Pager No. _____ Other _____

Secondary Contact

Name _____ Relationship _____
 Res. Address _____ Telephone No. _____
 Bus. Address _____ Telephone No. _____
 Cellular No. _____ Pager No. _____ Other _____

YOUR PHYSICIAN INFORMATION

Name _____
 Address _____ City _____ State _____
 Phone Numbers: Business _____ Residence _____ Emergency _____
 Are you Allergic to any Drugs? No Yes (specify) _____

Any addition information you wish to supply so emergency care can be obtained for you quickly, if needed, please make note in this space.

