



Broward Sheriff's Office Academic Internship Application

Broward Sheriff's Office
Department of Community Programs
2926 North State Road 7
Lauderdale Lakes, FL, 33313
Blanca_Adornos@sheriff.org
Online: www.sheriff.org

INSTRUCTIONS

PLEASE USE BLACK INK AND PRINT CLEARLY OR TYPE.
DO NOT leave any areas blank. Resumes may **NOT SUBSTITUTE** for any information requested on this application. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

The Broward Sheriff's Office is an equal opportunity employer and does not discriminate on the basis of age, citizenship, color, disability, marital status, national origin, race, religion, sex, or sexual orientation. These factors are NOT used as selection criteria, except in rare instances where such factors are bona fide occupational qualifications. This information may be used, however, for identification purposes in conducting a background investigation.

In accordance with the "Americans with Disabilities Act of 1990", the Broward Sheriff's Office will reasonably accommodate qualified individuals with a disability. The reasonable accommodation requirement applies to the application process, any internship test, interview, and actual internship. If you are disabled and require accommodation, you may request it and the Broward Sheriff's Office will make every reasonable endeavor to provide it to you. However, some types of accommodations may require some preparation before they can be provided. Therefore, we suggest that you make such requests in writing as early as possible by contacting the Bureau of Human Resources.

PERSONAL INFORMATION:

_____ Social Security Number

_____ Last Name First Name Middle Name

_____ Residential Address (No PO Box) Apt.

_____ City State Zip Code E-Mail Address

_____ Home Phone Work Phone Extension Cell Phone/Other

U.S. Citizen: By Birth Naturalized

If not a citizen, are you legally authorized to work in the U.S.? YES NO

Have you ever used any other name? YES NO If YES, please list those names below:

_____ Last Name First Name Middle Name From (mm/yy) To (mm/yy)

_____ Reason

_____ Last Name First Name Middle Name From (mm/yy) To (mm/yy)

_____ Reason

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration, or dismissal from service.

Signature

Date

For Office Use Only:

CS: _____ Code: _____

EDUCATION/TRAINING

Are you a high school graduate?

YES NO GED

High School Name

City

State

Are you currently enrolled in a college program that requires you to complete an internship for school credit?

YES NO

Name of School					
Current Classification	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Graduate Student
Hours Needed					
Deadline to Complete Hours					
Faculty Advisor's Name					
Faculty Advisor's Phone Number					
Faculty Advisor's E-mail Address					

Additional Colleges/Universities Attended

Check here if not applicable

College/University		City	State
To (mm/yy)		Total Credit Hours _____	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
From (mm/yy)		Field of Study	
Type of Degree Earned			
Date of Degree (mm/yy)			

College/University		City	State
To (mm/yy)		Total Credit Hours _____	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
From (mm/yy)		Field of Study	
Type of Degree Earned			
Date of Degree (mm/yy)			

EMERGENCY CONTACT INFORMATION

Name	
Street Address	
City, State & Zip Code	
Home Phone:	
Cell Phone:	
Work Number:	

AVAILABILITY

Please specify the days and hours you are available to complete your internship. (i.e. 1pm – 5pm or select ANYTIME)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> ANYTIME						

EMPLOYMENT HISTORY

LIST ALL FULL-TIME, PART-TIME, TEMPORARY and SELF-EMPLOYMENT you have had during the last **7 years**, ensuring that **ALL** time is accounted for. Start with your **CURRENT** employment.

Employer			
Position		Total Hours Per Week _____	<input type="checkbox"/> Full Time
To (mm/yy)			<input type="checkbox"/> Part Time
From (mm/yy)		Salary \$	
Detailed Job Duties			

Employer			
Position		Total Hours Per Week _____	<input type="checkbox"/> Full Time
To (mm/yy)			<input type="checkbox"/> Part Time
From (mm/yy)		Salary \$	
Detailed Job Duties			

Employer			
Position		Total Hours Per Week _____	<input type="checkbox"/> Full Time
To (mm/yy)			<input type="checkbox"/> Part Time
From (mm/yy)		Salary \$	
Detailed Job Duties			

Employer			
Position		Total Hours Per Week _____	<input type="checkbox"/> Full Time
To (mm/yy)			<input type="checkbox"/> Part Time
From (mm/yy)		Salary \$	
Detailed Job Duties			

Employer			
Position		Total Hours Per Week _____	<input type="checkbox"/> Full Time
To (mm/yy)			<input type="checkbox"/> Part Time
From (mm/yy)		Salary \$	
Detailed Job Duties			

Employer			
Position		Total Hours Per Week _____	<input type="checkbox"/> Full Time
To (mm/yy)			<input type="checkbox"/> Part Time
From (mm/yy)		Salary \$	
Detailed Job Duties			

ADDITIONAL EMPLOYMENT INFORMATION

1. Have you ever been dismissed from any employment; been asked to resign from any employment; resigned from any employment following allegations of misconduct or unsatisfactory performance; or left a job by mutual agreement? YES NO

If YES, please provide details below. Please be specific and attach additional pages if necessary.

Date (mm/dd/yy) Name of Agency/Employer Position

Reason/Outcome

2. Have you ever received an unsatisfactory performance evaluation(s) or any disciplinary action(s), including verbal or written reprimands, from an employer? YES NO

If YES, please provide details below. Please be specific and attach additional pages if necessary.

Date (mm/dd/yy) Name of Agency/Employer Position

Circumstances

3. Have you ever performed any service for any law enforcement agency or been employed by any law enforcement, corrections or public service agency not listed in this application? YES NO

If YES, please provide details below. Please be specific and attach additional pages if necessary.

From (mm/dd/yy) To (mm/dd/yy) Name of Agency/Employer Position

Reason for Leaving

DRIVING HISTORY

List ALL driver's licenses issued to you, starting with your current driver's license.

State	Type	Issue Date (mm/yy)	Expiration/Surrender Date (mm/yy)

Is your driver's license CURRENTLY valid? YES NO

Has your driver's license EVER been revoked/suspended or have you ever been refused a driver's license? YES NO

If you answered Yes, please provide details:

MILITARY

Have you ever served in the Armed Forces of the United States (including Reserves and National Guard)? YES NO
 DD-214 Member 4 Form must be provided for each enlistment period.

Branch of Military		List All Disciplinary Offenses <input type="checkbox"/> NONE
To (mm/yy)		
From (mm/yy)		List All Disciplinary Action(s), including non-judicial punishment(s). <input type="checkbox"/> NONE
Character of Service (Box 24 on DD-214 Member 4 Form)		

CONTROLLED SUBSTANCES
Current employees of the Broward Sheriff's Office are not required to complete this page.

- Do you NOW, or have you EVER tried, purchased or sold any illegal drugs or controlled substances? ("Tried" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or ingesting by any other means.) YES NO
Please be advised that if you are extended a conditional offer of internship, you may be required to provide information regarding frequency of controlled substance use.
- Do you NOW, or have you EVER purchased or sold any illegal drugs or controlled substances? YES NO
- Have you ever used marijuana? YES NO
 If yes, when was the last time you used marijuana? (mm/dd/yy) _____
- Have you ever used cocaine? YES NO
 If yes, when was the last time you used cocaine? (mm/dd/yy) _____
- Have you ever used anabolic steroids? YES NO
 If yes, when was the last time you used anabolic steroids? (mm/dd/yy) _____
- Have you ever used any other controlled substance not listed above, such as ecstasy, mushrooms, acid, oxycontin, or heroin? YES NO

NAME OF DRUG:	LAST TIME USED:

CRIMINAL HISTORY

CHARGES When applying for a position with a law enforcement agency, **ALL** arrests and charges must be disclosed, regardless of the disposition. These include, but are not limited to, all charges that have been dismissed/no action; found not guilty; sealed, expunged and/or purged; "Withheld Adjudications"; and Juvenile charges.

CONVICTIONS The circumstances surrounding the conviction are considered, such as: the nature, number, severity, date of the offense, subsequent history, efforts at rehabilitation, and relation of the offense to the requirements of the position for which you are applying. Most misdemeanor convictions are not an automatic disqualification for employment.

Have you EVER been arrested or detained by ANY law enforcement agency for ANY reason? This includes arrests or detentions [held for questioning, Notice to Appear or Promise to Appear] as a juvenile or for violations which were not prosecuted or where some type of pre-trial intervention was offered, and includes all arrests regardless of your plea.

YES NO

Have you EVER been convicted of, or have you EVER been found to have committed any civil or criminal law violation other than minor traffic violations?

YES NO

Have you EVER had a criminal charge or record sealed, expunged or purged?

YES NO

If YES, please LIST ALL CRIMINAL AND CIVIL LAW VIOLATIONS. Copies of all court dispositions must be submitted with application. Be sure to include charges from all states, regardless of the outcome or timeframe. Attach additional pages if necessary.

Charge, Violation, or Circumstances	Date (mm/dd/yy)
Location (City & State)	
Detention, Disposition, or Penalty	Date (mm/dd/yy)
Please explain disposition	

Charge, Violation, or Circumstances	Date (mm/dd/yy)
Location (City & State)	
Detention, Disposition, or Penalty	Date (mm/dd/yy)
Please explain disposition	

DISTINGUISHING MARKS, TATTOOS OR PIERCINGS

The Broward Sheriff's Office has a Dress Code policy to include the following:

- Employees and Interns are prohibited from piercings (except normal piercing of the earlobe).
- The use of gold, platinum, or other veneers or caps for purposes of dental ornamentation is prohibited.
- Employees and Interns are prohibited from intentionally altering, modifying, or mutilating any part of their bodies in order to achieve a visible physical effect that disfigures, deforms or otherwise detracts from a professional image.
- Tattoos/body art/brands visible anywhere on the body that are extremist, indecent, sexist, or racist are prohibited.
- Tattoos/body art/brands anywhere on the head, face, and neck above the shirt collar are prohibited.
- Excessive tattoos/body art/brands are prohibited. Excessive is defined as exceeding 1/4 of the exposed body part.
- Prior to being employed, candidates accepting an offer of an internship will be required to disclose in writing the existence of any visible tattoos/body art/brands and must complete removal of inappropriate tattoos/body art/brands.

Do you have any distinguishing mark, tattoo and/or piercing? YES NO

If yes, on the space provided below, please identify any distinguishing mark, tattoo and/or piercing:

TYPE (CHECK ONE)	DESCRIPTION	LOCATION ON BODY
Distinguishing <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		
Distinguishing <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		
Distinguishing <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		
Distinguishing <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		

Please use page 8 of the application to list any additional distinguishing mark/tattoo/piercing that does not fit in the space provided above.

Please check one of the statements below:

- I **will comply** with the Dress Code policy.
- I am **unable and/or unwilling** to comply with the Dress Code policy.

FDLE BACKGROUND INVESTIGATION WAIVER



**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____



Broward Sheriff's Office
 Department of Community Programs
 2926 North State Road 7
 Lauderdale Lakes, FL, 33313
 Shevrin_Jones@sheriff.org
 (954) 375-6272
 Online: www.sheriff.org

ATTEST, CONSENT, AUTHORIZE, AND RELEASE

I, _____, (PRINT YOUR FULL NAME) thoroughly understand that I am being considered for an internship in the position for which I have applied, and consent to submitting to a background investigation and other selection processes which may include, but not be limited to: fingerprint processing, polygraph, post-conditional employment offer medical and/or urinalysis, psychological evaluation, job interview, and other means deemed necessary and proper by the Broward Sheriff's Office to complete its investigation as to my fitness and suitability for the classification for which I have applied. I thoroughly understand that I must successfully complete the above-mentioned process. I am attesting that I understand and meet all of the minimum requirements as stated on the Internship announcement.

I am seeking an internship on the basis that I know that the Broward Sheriff's Office, or other individuals or agencies, will develop no unfavorable information, with the exception of what I have indicated in this application, which has been thoroughly explained by me in detail during the process. By signing this document, I certify that all of the information contained in this entire application and all documents submitted are true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, misrepresentation, or other unfavorable information developed is sufficient cause for removal of my name for consideration for internship or dismissal from service. I further understand that unfavorable information disclosed during the selection process can and may be forwarded to past/current employers and other law enforcement agencies.

I understand that the application and all documents submitted are the property of the Broward Sheriff's Office and non-exempt information contained in said forms and documents is public record.

I understand that the Broward Sheriff's Office will not reimburse any expenses I might incur in seeking this position. I recognize that the time required to process and select employees for this position may be lengthy and time consuming. No promises or commitments are expected by me as to a time when a decision and/or actual decision might take place.

I understand that unless defined by applicable law, any internship relationship with the Broward Sheriff's Office is "at will", that I may be discharged at any time with or without cause, and that this "at will" relationship may not be changed unless authorized, in writing, by the Sheriff.

I understand that the Broward Sheriff's Office is a Drug-Free Workplace and that employees and/or interns are subject to random drug testing.

I authorize and direct any persons or organizations to release and furnish records and information as may be relevant to determine my fitness and suitability for an internship in the position for which I have applied.

I further agree to execute any authorizations as may be required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for healthcare providers to release the necessary medical information to process my application for internship.

I agree to conform to rules, regulations, and orders of the Broward Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Broward Sheriff's Office at its discretion at any time and without prior notice to me.

This authorization is executed with full knowledge and understanding that information and/or copies of records disclosed shall become the property of the Broward Sheriff's Office, shall be used for official internship evaluation, and are used as selection criterion only where related to performance of the internship for which I have applied; that the Broward Sheriff's Office will take appropriate measures to protect aforementioned information and/or copies of records against unauthorized disclosure; and that certain non-exempt portions of the information and/or copies of records disclosed may be made available for inspection by third parties pursuant to public records and other laws.

I understand and consent to all of the above statements and conditions.

Applicant's Signature: _____ Date: _____

Applicant's Address: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____.

My Commission expires on _____, 20_____. Personally Known _____ - or -

Produced Identification _____ Notary Public: _____

Type of identification produced: _____

REQUIRED DOCUMENTS

Below is a list of all required documents that must be submitted with this application. Each document should be photocopied on a separate piece of paper and must be clear and legible.

PLEASE CHECK ONE

Pages 8 & 9 of the application must be notarized.

Copy
Attached

N/A

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Birth Certificate or valid U.S. Passport or Certificate of Naturalization |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security Card (with current legal name and signature) |
| <input type="checkbox"/> | <input type="checkbox"/> | Driver's License or State ID (with current legal name/address) Resident |
| <input type="checkbox"/> | <input type="checkbox"/> | Alien Card: front & back (with current legal name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Unofficial college transcript(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Court Disposition(s) for ALL arrests/charges and copies of police reports |
| <input type="checkbox"/> | <input type="checkbox"/> | DD-214 Member 4 Form (for each enlistment period) |
| <input type="checkbox"/> | <input type="checkbox"/> | Current Resume |
| <input type="checkbox"/> | <input type="checkbox"/> | Internship Requirement Verification Form |

FBI CJIS Security Addendum

Academic Internship Program Participation Agreement

If selected for an internship you will need to provide ORIGINAL documents for comparison.



INTERNSHIP REQUIREMENT VERIFICATION FORM

This form MUST be completed by your supervising professor and returned with the completed application and all required documents (listed on page 10). Applications submitted without this completed form will not be processed.

STUDENT'S FULL NAME: _____

COLLEGE/UNIVERSITY: _____

INTERNSHIP SEMESTER: _____

THIS SECTION MUST BE COMPLETED BY COLLEGE/UNIVERSITY REPRESENTATIVE.

Please attach a copy of the business card for the supervising professor.

UNIVERSITY/COLLEGE REQUIREMENTS:

NAME OF INTERNSHIP COURSE/PROGRAM: _____

NAME OF SUPERVISING PROFESSOR: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

NUMBER OF HOURS TO BE COMPLETED DURING INTERNSHIP: _____

TOTAL CREDITS STUDENT IS ATTEMPTING TO EARN: _____

By signing below, I affirm the above listed student is indeed registered and approved for an internship course and/or program with the college or university, and that I will be the contact at the institution for any matters regarding this student's academic internship.

Printed Name

DATE

Signature

**FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES
SECURITY ADDENDUM**

CERTIFICATION

I hereby certify that I am familiar with the contents of (1) the Security Addendum, including its legal authority and purpose; (2) the NCIC Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20, and agree to be bound by their provisions.

I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which a government agency has entered into the contract incorporating this Security Addendum. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of this contract for a purpose other than that envisioned by the contract, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than execution of the contract also constitutes misuse. I further understand that the occurrence of misuse does not depend upon whether or not I receive additional compensation for such authorized activity. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.

Printed Name/Signature of Intern/Volunteer

Date

Printed Name/Signature of BSO Representative

Date

Organization providing Intern/Volunteer

10/06/2015
CJISD-ITS-DOC-08140-5.5



BROWARD COUNTY SHERIFF'S OFFICE
ACADEMIC INTERNSHIP PROGRAM
PARTICIPATION AGREEMENT

I, _____, a citizen of the of the United States, or a United States national alien authorized to work, do hereby solemnly swear or affirm that I will support the constitutions of the United States and the State of Florida. I also agree and understand the following:

1. As a participant, I understand that the Broward Sheriff's Office Academic Internship Program is a voluntary program and that I will receive no compensation for participation. As such, I understand and agree that my participation will be solely for my benefit and will not displace the work of regular BSO employees. I further understand that my performance will be under close observation by BSO employees and will have no immediate benefit to BSO. Further, I have not been promised a position with BSO at the conclusion of this program. If I am a current employee of BSO, I understand that I cannot be placed in any department or division that I am currently assigned, in any classification that I currently hold, that I must complete my internship hours outside of my assigned work schedule, that my participation will be for a limited time and solely for my academic benefit. I also acknowledge that the time spent on the Academic Internship Program will be utilized to fulfill the internship requirements as set forth by my college/university.
2. As a participant, I understand that I may be granted computer access to include E-mail and Internet usage. I also understand that the purpose will be to conduct BSO related business as outlined in sections 5.11, 5.12, and 5.13 of the policy manual, which I have been given. In addition, I agree to safeguard my logon ID and password from disclosure to unauthorized users. I further understand that breach of this agreement shall constitute cause for the immediate removal from the Academic Internship Program.
3. As a participant, I agree to keep in strict confidence all confidential information of BSO and shall not disclose or reveal any confidential information to any third party without the express prior written consent of BSO, as applicable. I further understand that any unauthorized disclosure of confidential information shall constitute cause for my immediate removal from the Academic Internship Program.
4. As a participant, I understand that I will be issued a temporary BSO ID card for security and identification purposes while on internship-related activities/functions. I also understand that this ID is property of the Broward Sheriff's Office and that any use of the ID for any reason other than internship-related activities/functions will constitute cause for my immediate removal from the Academic Internship Program. Furthermore, I agree to return the BSO ID card at the end of the internship, knowing that necessary action will be taken if it is not returned accordingly.
5. As a participant, I agree to report to my internship site on time. If reporting an absence or tardy, I understand that I am to notify my site-supervisor in a timely manner.
6. As a participant, I agree to have my supervisor complete a monthly evaluation on my behalf in order to monitor my progress and performance and enhance the quality of training. I also agree to have my supervisor approve my Internship Hour Log on a monthly basis. (I understand that the Internship Hour Log is not a timesheet for compensation purposes. Rather, it is a means to keep track of the hours I completed towards my internship course requirements.) Furthermore, I agree to provide copies of these documents to the Intern Program Coordinator on a monthly basis.

By signing below, I affirm that I understand and consent to all of the above statements & conditions.

INTERN SIGNATURE

DATE

**BROWARD SHERIFF'S OFFICE
ACADEMIC INTERN
HOLD HARMLESS/INDEMNIFICATION AGREEMENT**

I, _____, am a Academic Intern, being 18 years of age or older, do hereby request permission from the Broward Sheriff's Office (hereinafter referred to as "BSO") to participate in the BSO Internship Program (hereinafter referred to as the "Internship"), which includes, but is not limited to, riding in a BSO vehicle as an observer and working in conjunction with BSO personnel in multiple functions throughout the agency. I understand and acknowledge that BSO, in its sole discretion, may terminate my participation in the Internship upon verbal or written notice to me. Upon receipt of such notice, I will immediately cease any and all activities associated with the Internship and return to BSO any identification badge(s) and access card(s).

If permission is granted, I will obey all instructions, orders and commands given to me by any BSO employee during my participation in the Internship. I understand that such instructions, orders, and commands will be for my safety and protection.

I am fully aware of and appreciate the fact that, as an Academic Intern with BSO, I may experience or encounter many dangers including, but not limited to, vehicle accidents, altercations with dangerous individuals, and blood-borne/air-borne pathogens. I fully realize and appreciate the fact that such dangers may result in physical harm, injury, or death to me.

I, on behalf of myself, my heirs, executors and administrators, voluntarily accept any and all risks associated with my participation in the Internship, and agree to hold harmless and indemnify BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers and servants from any claim, cause of action, or lawsuit resulting from personal injury or property damage to myself or others during my participation in the Internship **including any claim, cause of action or lawsuit based on negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages including, but not limited to, personal injury and property damage, that exist, now or in the future, against BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my participation in the Internship **including any claim, cause of action or lawsuit based on negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers or servants.**

I understand that this Hold Harmless and Indemnity Agreement includes any and all claims based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers or servants and covers bodily injury and property damage, whether suffered by myself or another person.

Notwithstanding any provision to the contrary set forth herein, it is understood and acknowledged that the terms and conditions set forth herein do not waive any applicable workers compensation claim.

The parties recognize that in order to simplify the paperwork associated with each detail, ride along, function, special event, or trip associated with the Internship, this Hold Harmless/Indemnification Agreement shall be applicable to all Internship activities.

It is further agreed that as an Academic Intern, I will not carry a firearm or any other weapon while performing my tasks/assignments as an Academic Intern.

I will keep in strict confidence all confidential information of BSO and its patients and shall not disclose or reveal any confidential information to any third party without the express prior written consent of BSO or any patient of BSO, as applicable. I will comply with any applicable state or federal laws and regulations concerning patient confidentiality or protected health information. Unauthorized disclosure of confidential information, patient information or protected health information shall constitute cause for the immediate termination of the Internship.

I understand that in the course of my internship experience I may have access to and be involved in the processing of verbal, written, computer generated, computer accessed, or recorded information related to BSO business. I hereby acknowledge that any information viewed, received, obtained, developed or generated pursuant to the projects assigned may be confidential and sensitive and may be used in ongoing or future litigation or policy development. I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my internship experience. I understand that I will not share, discuss, or reveal any of this information with anyone without the prior written approval of an authorized representative from BSO. Authorized representatives of BSO include the Sheriff of Broward County, the Fire Rescue Chief or designee, and the BSO General Counsel.

In entering this Agreement, the parties represent that they have had a reasonable opportunity to seek and select legal advice and have relied upon the advise of their own legal representative, who is an attorney of their choice, or have voluntarily chosen not to seek the advice of an attorney, and that the terms of this Agreement have been completely read and that those terms are fully understood and are voluntarily accepted. In the event of litigation in connection with or concerning the subject matter of this Agreement, the prevailing party shall be entitled to recover all costs and expenses incurred by such party in connection therewith, including reasonable attorney's fees.

