



ENNIS W. WRIGHT, SHERIFF
CUMBERLAND COUNTY SHERIFF'S OFFICE



An Internationally Accredited Law Enforcement Agency

Cumberland County Sheriff's Office

Internship Application

(Name)



Personal Information Contained Herein
DO NOT DISCLOSE



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Application for Internship

Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Date of Birth: _____

Place of Birth: _____ Race: _____ Sex: _____

Home Phone #: _____ Work Phone: _____ Ext. _____

Driver's License #: _____ Issuing State: _____

Have you ever been arrested by a Law Enforcement Officer or otherwise charged with a Criminal Offense? No Yes (If yes, explain below.)

Offense(s) Charged: _____ Date Charged: _____

Charging Law Enforcement Agency: _____

Disposition: _____ Date of Final Disposition: _____

Have you ever been charged with or convicted of a felony? No Yes (If yes, give details below.)

Have you ever been convicted of or granted a conditional discharge for any offense? No Yes (If yes, give details below.)



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Intern's Responsibilities

Name of Intern: _____

Position Title: Deputy Intern

Welcome to the internship program of the Cumberland County Sheriff's Office (CCSO). The purpose of this program is to provide information on the activities of the CCSO and enhance the knowledge you have already acquired in the field of Criminal Justice. While enrolled in this program, you are required to conduct yourself in a manner that reflects in the best traditions of the CCSO and the highest esteem of moral and ethical citizen conduct. Furthermore, you are required to maintain an appearance that is both neat and professional at all times. Your attire will be no less than business casual. Jeans, shorts, sandals, or sneakers **WILL NOT BE ALLOWED**. The performance measures of this internship program are as follows:

1. On the day you plan to commence your internship, you are required to begin work at 0630 hours. At 0630 hours, you will attend a briefing prior to the start of each tour of duty.
2. On a daily basis, you will be assigned to ride-along with a Deputy. This assignment will be given during the briefing.
3. You are under the direct supervision of the Deputy to whom you are assigned. At no time will you take any action upon yourself while patrolling under his/her supervision.
4. You will observe the patrol of an assigned area(s) in Cumberland County; inspect areas that are looked upon as problem areas and check security of buildings and establishments within these areas.
5. You will observe how complaint calls are processed and observe the investigation of crimes and disturbances; be attentive during the interviewing of suspects and witnesses; be attentive in the gathering of evidence and in the arrest of offenders.
6. When necessary, you will observe in the investigation of traffic accidents and other matters, and be observant in the preparation of investigation reports when such action is warranted.
7. You will observe the issuance of citations and/or warnings; observe criminal and driving checks being performed.
8. You will observe the serving of legal papers such as subpoenas, warrants, citations, summonses, commitment orders, and the like. You will be shown how to use directories such as maps and other resources to locate complaint calls.
9. You will observe in the preparation of various reports and forms such as case files, offense reports, towing affidavits, evidence cards and property vouchers.



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10. When circumstances warrant, your appearance in court may be required to give testimony of a case you observed.
11. Because cell phone use can be distracting to the Deputy and takes away from your learning, cell phones should only be used during breaks unless for an emergency.
12. Failure to comply with your responsibilities may result in your release from the Intern Program.

Intern's Signature

Supervisor's Signature

Date

Date

List the beginning and ending times that you will be able to work during your internship during the following days:

| DAY | DATE | STARTING TIME | ENDING TIME |
|------------------|-------------|----------------------|--------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |



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**Cumberland County Sheriff's Office
Ennis W. Wright
Sheriff**

Waiver, release, and Assumption of Risk and Covenant Not to Sue

Notice to persons signing this document and agreeing to its terms. This form is an important legal document. It affects your legal rights and prevents you or anyone on your behalf from bringing any suit or otherwise seeking payment for any injuries or death which may arise out of or as a consequence of your participation in this activity or program or otherwise. It is important that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided.

Waiver, Release, Consent, and Covenant Not to Sue

Print Name: _____, voluntarily agrees to participate in a program and/or activity under the auspices of the Office of the Sheriff of Cumberland County, North Carolina, and each person signing below voluntarily agrees to the terms and intent of this Waiver, Release, Consent and Covenant Not to Sue. The program or activity will include, but may not be limited to, the operation of a vehicle under circumstances simulating the effects of appreciable impairment and the operation of a vehicle while subject to an impairing substance, which involves inherent danger and may result in harm or injuries, both known and unknown, and which may be foreseeable or not readily foreseeable. Understanding such risks, even those not fully known or knowable, and in consideration of the Office of the Sheriff's agreement to allow such participation in the program or activity, each person signing below does forever release and discharge and shall hold harmless the Sheriff of Cumberland County, and the deputies, agents, heirs, assigns, contractors, and employees as well as the County of Cumberland, from any and all claims, demands, damages, rights of action or causes of action, present or future, known or unknown, arising out of or in any manner connected with participation in this or any such program or activity and of any kind, nature, or extent, including but not limited to, any resulting injuries. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OR IN ANY MANNER CONNECTED WITH THE PROGRAM OR ACTIVITY.

Each participant, and each person signing below does, in fact, recognize that the activity or program (including the operation of the vehicle or participating as passenger) is likely to be difficult and strenuous and that there could be dangers inherent in the activity for individuals. Each person acknowledges that the possibility of certain unusual physical, mental or psychological changes during the activity and afterward and there are risks inherent in the activity itself. These changes and risks include collisions causing trauma, rollover causing roll-over, ejection from the vehicle, and the like, causing traumatic or non-traumatic injury, abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and death. Each participant understands and assumes such risk, and acknowledges that as a result of my participation in a competition, each could suffer an injury or physical disorder that could result in my participation in a completion, each could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. With this understand, as well as an understanding of other effects, results, and circumstances, each participant and each person signing below acknowledges and agrees to assume the risks associated with any and all activities and/or the program.



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Each participant and/or person signing this release, waiver, consent, and covenant not to sue, acknowledges that each has thoroughly read this document and fully understands that it is, among other things, a release and waiver of liability, and assumption of the risk, and a waiver of any right to sue or otherwise to assert any claim for recovery of damages or monies for any harm or injury. By signing this document, each participant and/or each person signing below is waiving any right that he or she or any of his or her successors might have to bring a legal action or assert a claim of any kind against the County of Cumberland, the Sheriff, any deputies, employees or others referred to in this document for any negligence, gross negligence, or conduct causing harm.

Intern's Signature

Intern's Date of Birth

Address

Address



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CUMBERLAND COUNTY SHERIFF'S OFFICE
CRIMINAL RECORDS CHECK

PRINT CLEARLY! Name, Date of Birth, Race, Sex, and Social Security Number of person whose record you are requesting:

Name: _____
Last First Middle

Alias/Maiden Name: _____ Race: _____ Sex: _____

Date of Birth: _____ Social Security Number: _____

Person Requesting This Check: _____ Date: _____

MAKE NO ENTRY BELOW THIS LINE

CUMBERLAND COUNTY RECORDS FROM MAY 1982 TO PRESENT DATE REVEAL:

No record found based on information provided: _____

*A
TRUE
COPY*

Traffic record only, copy attached: _____

Criminal record, copy attached: _____

Record Checked By: _____ Date: _____
Signature