



# Peabody Police

6 ALLEN'S LANE  
PEABODY, MASSACHUSETTS  
01960



THOMAS M. GRIFFIN  
CHIEF OF POLICE  
(978) 538-6308

E-mail: [mail@peabodypolice.org](mailto:mail@peabodypolice.org)  
Website: [www.peabodypolice.org](http://www.peabodypolice.org)  
Fax: (978) 538-6335

The Peabody Police Department's Internship Program provides undergraduate and graduate students from accredited colleges and universities who are pursuing a degree in the field of Criminal Justice the opportunity to gain valuable experience and life skills through participating in day-to-day functions of the Peabody Police Department.

Our mission is to provide research and task management assignments that support administrative procedures and policies. The assigned tasks shall increase an intern's knowledge of the law enforcement community, utilize the intern's research and database knowledge, and strengthen his or her research, writing, and verbal skills. Interns will be assigned special projects at the discretion of the Chief of Police on a regular basis.

## **Goals:**

To gain valuable professional experience in a law enforcement environment

To develop and strengthen research, verbal, and writing skills

To acquire knowledge of the Peabody Police Department's functions, operations, and command structure

## **Requirements:**

1. Must be a student currently enrolled at an accredited college or university.
2. Must be in pursuit of a degree in Criminal Justice or a related field..
4. Must have successfully passed a research based and writing intensive course at an accredited college or university.

## **Deadlines:**

Although there is no specific application deadline, applicants are strongly encouraged to apply several months prior to the start of the semester they are seeking to intern. Interns are selected on a first come, first serve basis.

## **Questions:**

Please direct all questions to the Peabody Police Department's Internship Supervisor, Sara Grinnell.

Contact information is provided below:

[sgrinnell@peabodypolice.org](mailto:sgrinnell@peabodypolice.org)

(978) 538-6339

**Application Instructions:**

Create a single packet containing the following documents in the following order:

- a. Cover Letter
- b. Resume
- c. **Typed** PPD Internship Program Application  
**Pages 6-7 must be notarized**
- d. Official College Transcripts in sealed envelope
- e. Copy of Driver's License
- f. Copies of pertinent certifications/training
- g. Internship Supervisor's or Department Head's contact information

Send the application packet containing all of the previously listed documents to:

**Peabody Police Department  
ATTN: Sara Grinnell  
6 Allens Lane  
Peabody, MA 01960**

**\*\*Any incomplete packets will not be processed\*\***

Please direct all questions and concerns to Sara Grinnell at:

Email:

[internship@peabodypolice.org](mailto:internship@peabodypolice.org) or [sgrinnell@peabodypolice.org](mailto:sgrinnell@peabodypolice.org)

Include in the Subject Line: **Full Name - Peabody Police Department Internship**

Phone:

(978) 538-6339



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## Internship Program Application

### Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Social Security: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  
City State/Country

Other Names Used: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Previous Address(es) Last 5 Years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education Background:

Please select the highest level of education completed and type of degree received:

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

High School:  N/A  High School Diploma  GED Certificate \_\_\_\_\_

College/University: \_\_\_\_\_ City, State: \_\_\_\_\_

College/University:  Some College  Associates  Bachelors  Masters  PhD  Law Other: \_\_\_\_\_

Degree Concentration: \_\_\_\_\_

College/University: \_\_\_\_\_ City, State: \_\_\_\_\_

College/University:  Some College  Associates  Bachelors  Masters  PhD  Law Other: \_\_\_\_\_

Degree Concentration: \_\_\_\_\_

### Military Experience:

Military Service Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Time Served: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

### Foreign Language: (Indicate level of proficiency: Advanced, Intermediate, or Novice)

Language: \_\_\_\_\_ Spoken: \_\_\_\_\_ Written: \_\_\_\_\_ Read: \_\_\_\_\_

Language: \_\_\_\_\_ Spoken: \_\_\_\_\_ Written: \_\_\_\_\_ Read: \_\_\_\_\_

**Driving Record:**

Massachusetts Drivers License Number (Please provide a photocopy): \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No

If Yes, please explain:

Traffic Citations for the last 5 years:

Please provide type of citation (Speeding, Failure to Stop, etc.), date citation was issued, and disposition of citation. (Fined (include amount), Not Responsible, etc.). Provide full details on supplemental sheet if necessary.

Type of Citation: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Type of Citation: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Type of Citation: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Motor Vehicle Accidents for the last 5 years:

Please provide date of accident, and disposition of accident (Responsible, Not Responsible).

Provide full details on supplemental sheet if necessary.

Accident Date: \_\_\_\_\_ Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

Accident Date: \_\_\_\_\_ Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

**Criminal History:**

Have you ever been questioned, detained, arrested, investigated, warned, or issued a citation for any misdemeanor or felony, other than traffic, either as an adult or juvenile?  Yes  No

If Yes, please explain:

If Yes, list the name of the agency or court, date of contact, charge (if any), sentence (if any), and disposition of incident (including deferred sentences). Provide full details on supplemental sheets if necessary.:

Date: \_\_\_\_\_ Agency or Court: \_\_\_\_\_ Charge: \_\_\_\_\_

Sentence: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Agency or Court: \_\_\_\_\_ Charge: \_\_\_\_\_

Sentence: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Agency or Court: \_\_\_\_\_ Charge: \_\_\_\_\_

Sentence: \_\_\_\_\_ Disposition: \_\_\_\_\_

**References:**

**Do not use family as references.** List 3 individuals you have known for at least 5 years. Please list full name, complete address, and telephone number.

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Employer History:**

**(Please fill out completely)** List employment for the last 5 years, beginning with the most recent. Provide full details on supplemental sheets if necessary.

Firm Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Date From/Date To (Month/Year): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Date From/Date To (Month/Year): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Date From/Date To (Month/Year): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Date From/Date To (Month/Year): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Internship Interests:**

The Peabody Police Department Internship Program requires a minimum 10 hour per week commitment. Please indicate the approximate days and times you are available to intern.

Hours available: \_\_\_\_\_ Days Available:  Mon.  Tues.  Wed.  Thurs.  Fri.

Briefly state why you wish to intern at the Peabody Police Department. **This question MUST be answered.**

List any skills, interests, published research, etc.

List memberships in any community organization and previous/currents volunteer experiences/internships

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**

I agree to treat all information I receive from reports, officers, or victims as confidential. I understand that I could jeopardize the ultimate investigation of a crime by revealing information. I will not discuss any aspect of a crime or investigation with any person unless directed to do so by my supervisor. I agree that I will not use my association with the Peabody Police Department to seek favors for others or myself.

\_\_\_\_\_  
Signature Date

**INFORMATION AUTHORIZATION**

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Peabody Police Department any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original.

\_\_\_\_\_  
Signature Date

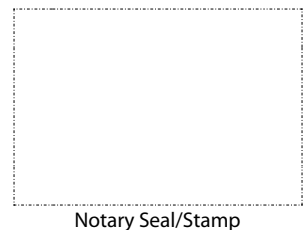
**LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT**

I understand that I am not an employee of the City of Peabody. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for purpose of the Fair Labor Standards Act. I wish to volunteer my services to the City of Peabody Police Department and/or observe members of the Peabody Police Department perform their duties. I understand that my status as a Volunteer in Police Service (V.I.P.S.) may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold the City of Peabody and the Peabody Police Department harmless. I agree to indemnify the City of Peabody, the Peabody Police Department, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness or death, or property loss of use.

\_\_\_\_\_  
Signature Date

SUBSCRIBED AND SWORN TO ME on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public Signature  
My Commission Expires: \_\_\_\_\_



Notary Seal/Stamp

# Peabody Police Department

## AUTHORITY FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, born at \_\_\_\_\_ on \_\_\_\_\_, having filed an application for volunteering for the Peabody Police Department, consent to have an investigation made as to my moral character, reputation, medical and psychological fitness for the position to which I have applied. I consent to have such information as may be received or developed, reported in full to the appointing authority or his authorized designee. I agree to give further information, which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, hospital, clinic, physician, counselor, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the Peabody Police Department any such information, including documents, records, files, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Peabody Police Department or any of its agents or representatives to inspect and make copies of such documents, records or other information.

Specifically, I hereby authorize the release of the following data or records:

### CRIMINAL AND/OR COURT RECORDS

I hereby release, discharge, exonerate the Peabody Police Department and the City of Peabody and their agents and representatives, and any person furnishing information thereto, from any and all liability of every nature and kind arising out of the developing, furnishing, or inspecting of such documents, records or other information and the conducting of any interviews, evaluations or investigations made by or on behalf of the Peabody Police Department and the City of Peabody. The authority shall continue for one year unless sooner revoked in writing by the undersigned.

Applicant Name	Applicant Signature	Date
Notary Public Signature		Notary Seal/Stamp
My Commission Expires: _____		

### DRIVING RECORDS AND LICENSE INFORMATION

I hereby release, discharge, exonerate the Peabody Police Department and the City of Peabody and their agents and representatives, and any person furnishing information thereto, from any and all liability of every nature and kind arising out of the developing, furnishing, or inspecting of such documents, records or other information and the conducting of any interviews, evaluations or investigations made by or on behalf of the Peabody Police Department and the City of Peabody. The authority shall continue for one year unless sooner revoked in writing by the undersigned.

Applicant Name	Applicant Signature	Date
Notary Public Signature		
My Commission Expires: _____		