

Attachment A – Waiver of Liability Form



**WAIVER OF LIABILITY AND CONFIDENTIALITY AGREEMENT
FOR THE BRIDGEWATER POLICE DEPARTMENT'S RIDE-ALONG OR
INTERNSHIP PROGRAM**

DEFINITIONS	
For purposes of this document, the following terms are defined as:	
<u>Civilian:</u>	Means any individual who is not a sworn member of the Bridgewater Police Department and who is not in approved training to become a sworn member of the Bridgewater Police Department.
<u>Confidential Information and Communication:</u>	Means any information or communication disclosed to a participant in a Ride-Along or Internship Program by the Bridgewater Police Department or any other source not available to the general public.
<u>On-Duty Vehicle:</u>	Means any vehicle owned/or operated by the Bridgewater Police Department which is used to patrol, respond to a call for service, or engage in any other activity in furtherance of the duties of the Bridgewater Police Department.

Waiver and Agreement

I recognize that this waiver and agreement includes and incorporates the terms defined above. In consideration of the privilege being granted to me by the Chief of Police of the Bridgewater Police Department as a participant in a Ride-Along or Internship Program, I willingly agree to the following terms and conditions:

**WAIVER OF LIABILITY AND CONFIDENTIALITY AGREEMENT FOR THE BRIDGEWATER POLICE
DEPARTMENT'S RIDE-ALONG AND/OR INTERNSHIP PROGRAM**

I hereby assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am being about, in, or on, approaching, boarding, riding, entering, disembarking from, or leaving any vehicle or property of the Bridgewater Police Department, while I am participating, intending to participate, or have participated in a Ride-Along or Internship Program.

I hereby release Bridgewater Township, Chief of Police, the officers, employees, agents, and servants from any liability therefore or for contribution as a joint tort-feasor therefore and will indemnify save harmless Bridgewater Township, the Chief of Police, the officers, employees, agents, and servants from any such liability or contribution to such liability, while participating in a Ride-Along or Internship Program.

I agree that all information and communication disclosed to me during my participation in a Ride-Along or Internship Program that is not public knowledge is confidential. I agree to keep all information and communication disclosed to me during my preparation for and participation in a Ride-Along or Internship Program confidential. I understand that it is improper and unlawful to share this confidential information and communication with anyone other than the members of the Bridgewater Police Department and those authorized to have access to such information and communication.

I understand that if I disclose any confidential information and communication to any unauthorized person, I am subject to penalty of law, including but not limited to fines and imprisonment.

I further understand and agree that the privilege to participate in a Ride-Along or Internship Program may be revoked at any time by the Chief of Police of the Bridgewater Police Department or their authorized representative.

I understand and agree to the terms and conditions of this waiver and agreement. I further agree to abide by the terms and conditions of this waiver and agreement at all times during my preparation for and participation in a Ride-Along or Internship Program with the Bridgewater Police Department.

THIS APPLICATION MUST BE SIGNED AND NOTARIZED PRIOR TO SUBMITTAL

Printed Name: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Notary: _____

Attachment B – Application for Internship Form



Application for Internship

Date:			
Full Name:			
Address:			
Date of Birth:		Telephone:	
Social Security Number			
SBI# (If Applicable):			
Driver's License Number:		State:	
Education Institution:		Major:	
Were you ever convicted of a crime in this state or any other state? (Circle one)		Yes	No
If Yes, explain:			
Is there anything that may disqualify you for this Internship position? (Circle one)		Yes	No
If Yes, explain:			
Please provide two personal references (other than family members):			
Name:			
Address:			
Telephone:			
Name:			
Address:			
Telephone:			

BACKGROUND CHECK

I acknowledge that because Interns may be privy to law enforcement sensitive Information, a criminal background check will be required prior to acceptance into the program.

Sign Name:		Date:	
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Printed Name:	
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CONFIDENTIALITY

I also acknowledge from this point forward, any information of a confidential nature that I received from the Bridgewater Police Department and/or its members, whether directly or indirectly, must remain confidential under penalty of criminal, civil, and administrative penalties to the fullest extent of the law.

Sign Name:		Date:	
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Print Name:	
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PHOTO RELEASE

I hereby grant permission to the Bridgewater Police Department and/or the Township of Bridgewater to use photographs and/or video of me taken during the internship program in publications, news releases, online, and in other communications related to the mission of the Bridgewater Police Department and/or the Township of Bridgewater.

Sign Name:		Date:	
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Print Name	
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Please attach the following documents upon submittal of this application:

- Resume
- Photocopy of your driver's license
- Photocopy of your most recent academic report card or transcript

ATTACHMENT C - AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

TO WHOM IT MAY CONCERN:

I, _____ (print full name), am an applicant for the Bridgewater Police Department Ride-Along / Internship Program (hereinafter referred to as "the department"). They are conducting a comprehensive investigation into my background and personal history to evaluate my qualifications for the position. It is in the public's interest that all relevant information concerning me be disclosed to the department.

I hereby authorize any representative of the department bearing this release to obtain any information pertaining to my records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and disclosure of any and all records concerning me, whether said records are of a public, private or confidential nature.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my medical records, my mental health/psychological report records, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys-at-law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you and your organization, including its officers, employees or 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 to release information or any attempt to comply with it. I direct you to release such information and answer any questions upon request of the duly accredited representative of the department regardless of any agreement I may have made with you previously to the contrary. The department will discontinue processing my application if you refuse to disclose the information requested.

For, and in consideration of the department's acceptance and processing of my application, I agree to hold the department, its agents and employees harmless from any and all claims and liability associated with my application or in any way connected with the decision whether or not to employ me with the department, I understand that should information of a serious criminal nature surface as a result of this investigation, such information will be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access to and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Bridgewater Police Department in conjunction with Ride-Along / Internship procedures.

I agree to indemnify and hold harmless the person to whom this request is presented, his organization, agents, and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. A photocopy or facsimile (FAX) copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature

Date of Birth

Cell Phone Number

Sworn To and Subscribed Before Me This _____ Day of _____ 20__

Signature – Notary Public of New Jersey

ATTACHMENT D – NOTICE OF BACKGROUND INVESTIGATION PROCESS

Made to: _____ on: _____

By the Bridgewater Police Department for the position of ride-along participant / internship program participant.

Read all of the following carefully, and sign form at the bottom. You may request a photocopy for your records; the original shall be kept as part of the background investigation file. This is not an official notice unless signed by candidate and witness.

Do not tell anyone that you have a "job" with or are "interning" with the Bridgewater Police Department. Remember you are only in the Background Investigation process.

You will be required to undergo and consent to the following phases of the selection process to include but not limited to:

- Driver History Check
- Criminal History, Juvenile and Drug Registry Checks
- Domestic Violence Registry Check
- Educational Records Check
- Employment History Check
- Internet Check
- Reference Checks
- Various Interviews

We reserve the right to accept the best available applicants in terms of job requirements and business necessity from the competitive testing applicant list.

By signing below, you acknowledge and consent to the Background Investigation. You acknowledge that this is NOT an offer of internship or ride-along privileges.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE.

Signature of Candidate

Printed Name of Candidate

Witness

Date