PD-039 (06/2017)

MICHIGAN STATE POLICE

Human Resources Division

**APPLICATION FOR INTERNSHIP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name: Last, First, Middle | | | | |
| Date of Birth | Social Security Number | | Driver’s License Number | |
| Home Street Address | | | | |
| City | State | Zip Code | Home Phone | |
| Cell Phone | | E-Mail Address | | |
| Campus Street Address | State | Zip Code | Campus Phone | |
| Emergency Contact Name | | | Phone | |
| Emergency Contact – Street Address | City | | State | Zip Code |
| University Attended | | | Student Number | |
| Major | | | Current Education Level | |
| Date(s) of Assignment Requested | | | | |
| List Three Choices for Post or Work Unit Assignment (In Order of Preference)   1. (2)       (3) | | | | |
| University Representative’s Name | | | | |
| University Representative’s Street Address | City | | State | Zip Code |
| **I hereby request that the above named student be assigned to a Michigan State Police Post or Work Unit to complete a field training program.** | | | | |
| Signature of University Representative | | | Date | |
| **WAIVER OF LIABILITY**  I am at least 18 years of age and I am aware that by accompanying members of the Michigan State Police there is a high probability that I will be exposed to hazardous situations inherent to police work. I have requested to work with members of the Michigan State Police with full knowledge that there is a potential for bodily injury, loss, or damage to my person or property,  Acknowledging these foreseeable dangers, I hereby release the State of Michigan, Department of State Police, and its employees or agents, from all liability for any injuries received while participating in any Michigan State Police function. I also understand that I am expected to carry my own insurance policy including complete medical coverage, and that I have read and understand the *Agreement for Provision of Unpaid Student Services to MSP* form, PD-37. | | | | |
| Signature of Student | | | Date | |
| Signature of Subunit Representative | | | Date | |
| Signature of Work Site Commander | | | Date | |
| Original – District or Division Commander  Copy - Work site, Post, or Section Commander  Copy - Educational Institution  To be retained for three years from date of signature in the work site file, then destroyed. | | | **AUTHORITY:** 1935 PA 59  **COMPLIANCE:** Voluntary (but completion is required before participation in field training will be allowed) | |