PD-039 (06/2017)

MICHIGAN STATE POLICE

Human Resources Division

**APPLICATION FOR INTERNSHIP**

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| 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 CommanderCopy - Work site, Post, or Section Commander Copy - Educational InstitutionTo 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) |