



**317 S. Burlington
Hastings Nebraska 68901**

**Ride-Along/Intern Program Coordinator
Sergeant Raelee Van Winkle
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Welcome to the Hastings Police Department. We hope your Ride-Along/Internship experience is enjoyable as well as educational. Since your safety is our first consideration we need to express the importance of reading and completing these forms. Please take your time in completing these forms. This will ensure that your request is processed in a timely manner. If you have any questions our staff will be able to assist you.

Thank you for taking the opportunity to visit the Hastings Police Department. We hope your time is rewarded with a newfound respect and awareness for the professional men and women who serve your community. We encourage you to learn as much as you can about the Hastings Police Department, and share this information with your friends and neighbors.

PLEASE NOTE: IT IS THE APPLICANT'S/PARENT'S RESPONSIBILITY TO ENSURE THAT THE APPLICATION ARE PROVIDED TO THE HASTINGS POLICE DEPARTMENT.

NOTE: GENERALLY THERE IS A 30-DAY WAITING PERIOD FOR INTERNSHIPS AND A 14 DAY WAITING PERIOD FOR RIDE-ALONGS.

Any person approved for an internship is required to be suitably dressed in collared shirt, blouse or jacket, slacks and shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. Hats and ball caps will not be worn in the police vehicle. The Shift Sergeant and/or Officer in Charge may refuse a ride along to anyone not properly dressed.

Prospective Intern Letter

Dear Prospective Intern:

Thank you for your interest in the Hastings Police Department's internship program. Enclosed is an informational brochure, handout, and application packet. The brochure and handout briefly describe Hastings Police Department's intern program. If you are still interested in participating in the internship program after reviewing the enclosed materials, complete the application packet that includes:

1. **Intern Application** – provides background information on the applicant. Requires signature of the applicant and Faculty Advisor.
2. **Drug Free Agreement**– agreement to adhere to the Hastings Police Departments drug and crime free policy. Requires the signature of the applicant.
3. **Emergency Data Form** - contains contact information necessary in the event of an emergency.
4. **Ride-Along/Intern Agreement** – lists specific rules and regulations governing an intern of the Hastings Police Department. Requires the signature of the applicant.
5. **Ride-Along/Intern Statement of Confidentiality and Waiver Form** – addresses specific topics an intern agrees to uphold. Requires the signature of the applicant.
6. **Ride-along Agreement, Indemnity Agreement and Covenant Not to Sue** – addresses specific topics an intern agrees to uphold as a passenger in a Hastings Police Division vehicle. Requires signature of the applicant and witness.
7. **Accident Waiver and Release** – explanation of possible dangers associated with the program. Applicant signature required.
8. **Authorization and Release of Information** – authorizes the Hastings Police Department to conduct a criminal background check and to contact your employers. You may contact me if you would like to use a notary from the Hastings Police Department. **Unless these forms are signed and notarized, your application cannot be processed.**

Please note that internships with the Hastings Police Department are unpaid internships with personal and criminal history checks and a personal interview required for all applicants. Please do not hesitate to contact the Hastings Police Department at (402) 461-2380 should you have any questions regarding our intern program. Otherwise, please return your completed application materials along with the following items:

- Cover letter
- Professional Resume
- Letter of recommendation from a faculty advisor or a professor

All application materials should be received by my office at least one month prior to the date you wish to begin your internship. Your internship application will be processed when all materials have been received. Although intern placement is non-competitive, the number of applicants accepted each term is limited.

Again, thank you for your interest in our internship program. I look forward to discussing with you how performing an internship with the Hastings Police Department may make a positive contribution towards your academic curriculum.

Sincerely,

Sgt. Raelee Van Winkle #244

Hastings Police Department Internship

Frequently Asked Questions & Guidelines

WHO CAN APPLY?

Participants in the program must be at least 18 years old.

- Participants must be taking a college course that requires an internship.
- Only one internship per student is permitted per calendar year.
- All internships with the Hastings Police Department are unpaid observational programs.

HOW DO I APPLY FOR AN INTERNSHIP?

- Applicants must fully complete the Internship Application.
- To participate in the program, forms must be fully and accurately completed and must be signed by the applicant.
- The application and waiver forms must be submitted at least thirty working days before the desired start of the internship.
- Incomplete applications and applications without the signatures will be rejected.
- You will be notified when your application is approved and the program coordinator will work with you on a schedule.

WHAT HOURS WILL I SCHEDULED?

- There is a space on the application form to include the number of hours required by your college class. Please also include a date range that you must complete the internship within. We will try to schedule your internship as requested, however there is no guarantee that your request can be accommodated.
- We will contact you to let you know whether your application for an internship has been approved and the dates and times you are scheduled to ride.
- Interns are typically scheduled for 8 hour blocks and may overlap different patrol shifts at the Hastings Police Department. You may be scheduled for less than 8 hours if your required hours are met. Hours are usually scheduled between 8:00 am and 2:00 am.
- Interns will have their hours divided as equally as possible between Day and Night shift patrols and days with the Investigation Division.
- Please arrive on time for your scheduled hours. If you are not here at your scheduled time your hours may be cancelled.

WHAT SHOULD I WEAR AND BRING WITH ME WHEN RIDING ALONG?

- Interns must wear appropriate "business casual" attire which is suitable for having public contact.
- Shirts without collars, T-shirts, tank tops, sweat shirts, jeans, shorts, short skirts, halter tops, sneakers, high heel shoes, baseball caps, beanies, and similar attire are not permissible.
- Clothing which is similar in any way to uniforms worn by members of the Hastings Police Department and any other clothing with lettering, emblems, or similar items which might suggest the intern is a police employee are not permissible.
- It is advisable to bring enough money with you to purchase any food or refreshments you might want to consume while you are riding along. Generally, the officer will have the opportunity to take a short break and have a lunch period while you are together. If you wish to eat or drink something during these times you are expected to pay for them yourself.

RULES:

- **You must comply with the following rules. Failure to comply with these rules will result in the immediate termination of your internship and you will not be allowed to participate in the Internship Program in the future.**
- Interns are observers and you will be under the direct supervision of a police employee. You must comply with all directions and orders given to you by any police employee. You are not to become involved in any incident, conversation, or altercations between police employees and the public.
- You are expected to conduct yourself in a civil, personable, and courteous manner at all times.
- You are to remain seated in the police vehicle unless the officer specifically tells you that you may accompany the officer. You must wear the vehicle's seat belt at all times while inside the police vehicle.
- For security and safety reasons, participants are not allowed to handle or use any of the officer's equipment or the equipment in the patrol vehicle unless called upon by an officer in an extreme life threatening emergency.
- In the event that the officer has to respond to a potentially dangerous situation or hazardous call, you may be dropped off at a safe location away from the incident. If this occurs you will be given specific instructions to follow and the officer will arrange for another police employee to pick you up.
- You may not carry or use any weapon while you are interning.
- You may not carry or use any audio recording device, any video recording device, or other camera while you are interning. Cell Phones with cameras and audio/video recording capabilities are allowed but the use of these functions is prohibited.
- You may carry a cell phone with you, but you will not be allowed to make and/or receive calls DURING YOUR Ride- Along except in an emergency or on a break

**HASTINGS POLICE DEPARTMENT
APPLICATION FOR INTERNSHIP**

Student Information

Date of Application: _____

Name

Last

First

Middle

Maiden/Other Names _____

Social Security No _____ Date of Birth _____

Current Address _____

City/State/Zip _____

Date through Which Current Address Is Valid _____

Permanent Address _____ Permanent phone _____

City/State/Zip _____

Current Phone _____ Cell Phone _____ E-mail _____

Academic Year In School _____ Major _____ GPA _____

Were you referred to the Police Department? Yes () No ()

If so, by whom? _____ Total contact hours required for internship _____

US Citizenship: ___Yes ___No. If No, Citizen of which country _____

Current Academic Institution Information

College/University _____

Major _____ Faculty Advisor _____ Telephone _____

School Address _____

Street

City

State

ZIP

Do you have a Facebook account? Y() N(), and if so what is your name on Facebook? _____

When date range would you like to this internship to fall between? _____

What skills and abilities would you bring to this internship?

Do you speak or read a foreign language? If so, what language(s)? _____

If you have lived at your "Current Address" less than five (5) years please indicate prior addresses for the past five (5) Years. Use additional sheets if necessary (see next page).

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year
Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

CRIMINAL HISTORY

Have you been **investigated for** or **charged with** a felony or misdemeanor crime? Yes () No () If yes, explain:

Have you been **convicted** of a felony or misdemeanor crime? Yes () No () If yes, explain:

List below all traffic tickets, criminal arrests/citations, and/or convictions that you have EVER had, including juvenile offenses. Use additional paper provided on page 10 if necessary.

EMPLOYMENT HISTORY

List all employment you have had over the past ten (10) years, beginning with the most recent. Include military, full and part-time employment and all periods of employment. Attach additional sheets if necessary.

Business Name					
Address, City, State, Zip Code				Phone	
From: Month	Year	Position Held		Supervisor	
To: Month	Year	Duties		Co-Worker	
Reason For Leaving Employment (Check One) <i>(Explain)</i>					
Fired	Quit	Laid-Off	Asked to leave	Retired	[Circle One]

Business Name				
Address, City, State, Zip Code				Phone
From: Month	Year	Position Held		Supervisor
To: Month	Year	Duties		Co-Worker
Reason For Leaving Employment (Check One) (<i>Explain</i>)				
Fired	Quit	Laid-Off	Asked to leave	Retired [Circle One]

Business Name				
Address, City, State, Zip Code				Phone
From: Month	Year	Position Held		Supervisor
To: Month	Year	Duties		Co-Worker
Reason For Leaving Employment (Check One) (<i>Explain</i>)				
Fired	Quit	Laid-Off	Asked to leave	Retired [Circle One]

Educational History: List all schools you have attended beginning with high school.

Name of School	Address, City, State, Zip Code Telephone#	Dates Attended		Type of Degree	Suspended or Expelled
		From	To		

Additional Questions:

Have you ever been **investigated for** or **charged with** any type of crime involving domestic violence?

Yes () No () If yes explain below:

Have you ever been **convicted** of any type of crime involving domestic violence?

Yes () No () If yes explain below:

Have you ever committed an act of domestic violence? Yes () No () If yes explain:

Have you ever been involved in a child abuse or child neglect investigation of any kind? Yes () No () If yes, explain:

Have you ever had a Protection Order sworn out against you? Yes () No () If yes, explain:

Have you ever sworn out a Protection Order on any one else? Yes () No () If yes, explain:

Have you ever been a victim of a domestic disturbance? Yes () No () If yes, explain:

Have you ever used marijuana, illegal drugs, or abused prescription drugs? Yes () No ()

If yes, name the substance, the frequency of use, period of use, and last use:

Have you ever bought, sold, distributed, manufactured or abused illegal drugs? Yes () No ()

If yes, name the substance, the frequency of use, and time frame:

Since the age of sixteen, have you ever taken money or property from an employer or stolen money or property from someone else? Yes () No ()

If yes, explain the circumstances, item or monetary amount, and when:

Have you or are you currently receiving treatment/counseling for psychiatric problems? Yes () No () If yes, list when, where, and why:

I certify that all of the above questions have been answered truthfully and to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination from interning. I further certify that I am currently enrolled and in good standing with an accredited college or university. I also certify that I currently have a 2.5 or higher GPA on a 4.0 scale and that I meet all requirements. I understand that I must be enrolled (through my university or college) in an internship or independent study class offering to be accepted as an intern with the Hastings Police Department. **I understand before being accepted into this program a criminal history check, personal history check, reference check and personal interview will be conducted.**

Signature of Applicant _____ Date _____

Signature of Faculty Advisor _____ Date _____

A completed application consists of the following:

A cover letter

Professional Resume

At least one letter of recommendation from a faculty advisor or professor

Application for Internship

Drug Free Agreement

Emergency Data Form

Ride-Along/Intern Agreement

Ride-Along/Intern Statement of Confidentiality and Waiver Form

Accident Waiver and Release

Release of Information

If you have question feel free to email the Ride-Along/Intern Program Coordinator, Sergeant Raelee Van Winkle at rvanwinkle@hastingspolice.org or call 402-461-2380.

Send fully completed application to:

Coordinator of Ride-Alongs/Student Interns
C/o Sgt. Raelee Van Winkle
Hastings Police Department
317 S Burlington Ave
Hastings, NE 68901

**HASTINGS POLICE DEPARTMENT RIDE-ALONG/INTERN
DRUG & CRIME FREE POLICY**

The Hastings Police Department is a drug free work environment. As such it is the policy of the Hastings Police Department that as a Ride-Along/Intern you will not be in possession/use of any controlled substances, except with the approval and guidance of a licensed physician of Nebraska and the knowledge of the program supervisor. At no time may you as a Ride-Along/Intern in this program be under the influence of controlled substances where such use or influence impairs or compromises the efficiency and integrity of the department/City of Hastings.

As a Ride-Along/Intern you will voluntarily give a urine sample to determine the presence of controlled substances at the request of the program coordinator or his/her designee. As a Ride-Along/Intern with the Hastings Police Department you may be required to give a urine sample before beginning the program or randomly during your Internship.

As a Ride-Along/Intern you will also refrain from consuming alcohol during your scheduled time with the Hastings Police Department. Further as a Ride-Along/Intern you shall not be in possession of and/or use alcohol during your scheduled time at the Hastings Police Department. No Ride-Along/Intern shall be, to any degree, under the influence of an alcoholic beverage. As a Ride-Along/Intern you will voluntarily submit to a preliminary breath test (PBT) to test the presence of alcohol in your breath at any time. Such request for a PBT will only be made by the program coordinator or one of his/her designees.

Additionally, while participating in the Ride-Along/Intern Program you shall not violate or attempt to violate any federal, state, county or municipal law.

By signing this document I certify that I have read and fully understand the above statements. My signature is an agreement to submit to, upon request, a urine sample to detect the presence of controlled substances in my urine, or a Preliminary Breath Test to determine the presence of alcohol in my breath. In signing this document I certify that I fully understand that failure to comply with any of the aforementioned statements will result in my termination from the Ride-Along/Intern program.

Name of Applicant _____ Date _____
printed

Signature of Applicant _____ Date _____

Signature of Coordinator _____ Date _____

**Hastings Police Department
RIDE-ALONG/INTERN EMERGENCY DATA FORM**

Date _____ Name _____
(Last/First/MI)

Job Classification _____ DOB _____

Res. Address _____ Res. Telephone No. _____

City _____ State _____ Zip Code _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Primary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____

Secondary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____ Alternative No. _____

YOUR PHYSICIAN INFORMATION:

Name _____

Address _____ City _____ State _____

Phone Numbers: Business _____ Residence _____ Emergency _____

Are you Allergic to any Drugs? No Yes (specify)

ANY ADDITIONAL INFORMATION YOU WISH TO SUPPLY SO EMERGENCY CARE CAN BE OBTAINED FOR YOU QUICKLY, IF NEEDED, PLEASE MAKE NOTATION IN THIS SPACE:

**HASTINGS POLICE DEPARTMENT
RIDE-ALONG/INTERN AGREEMENT**

I, _____, request to serve as a Ride-Along/Intern with the Hastings Police Department.

As a Ride-Along/Intern, I agree to:

- Perform the tasks given to me to the best of my ability.
- Attend any training offered that will enhance my performance within the Department.
- Report to work on time when scheduled, and to notify my supervisor if I am unable to report.
- Comply with and follow the same rules and policies as required of all Hastings Police Department employees.
- Refrain from using my Ride-Along/Intern position to attempt to influence anyone in any manner.
- Strive to help the Department obtain its goals and objectives.
- Notify my supervisor and the Coordinator of the Ride-Along/Intern Program upon terminating my involvement with the program, and participate in an exit interview/evaluation if requested.
- I will not violate or attempt to violate any federal, state, county or municipal law.
- Notify the supervisor or coordinator of the program of any arrest or citation for any traffic, misdemeanor, or felony charge.
- I will not be in possession/use of any controlled substances, except with the approval and guidance of a licensed physician of Nebraska and the knowledge of the program supervisor.
- I am aware that my Ride-Along/Intern status may be terminated at any time for failing to follow the rules, procedures, and terms of this agreement.

I have read and understand all the conditions of this agreement.

Ride-Along/Intern's Signature _____ Date _____

Coordinator of Ride-Along/Intern Program _____ Date _____

**HASTINGS POLICE DEPARTMENT RIDE-ALONG/INTERN RELEASE,
INDEMNITY AGREEMENT AND COVENANT NOT TO SUE**

I/We certify that the below information is correct and acknowledge by my/our signature(s) below that I/we agree to the following:

- I/We desire to obtain information relative to the operation of the Hastings Police Department by being a participant of the Ride-Along/Intern Program.
- I/We understand my participation may include riding in a Hastings Police Department vehicle as a part of the Ride-Along/Intern program.
- I/We fully understand that by participating in this Program, the participant may be exposed to conditions and situations of a hazardous nature. For the sole consideration of being permitted to participate in the "Ride-Along/Intern Program" the sufficiency of this consideration being hereby acknowledged, I/we do hereby covenant and undertake with my/our heirs, guardians, executors and administrators, to forever refrain and desist from instituting or asserting against the City of Hastings (Hastings Police Department), its authorized agents, representatives, or personnel, any claim, demand, action or suit of whatever kind or nature, either directly, or indirectly, for injuries or damages to person or property which may result from participation in the "Ride-Along/Intern Program."
- It is understood and agreed that as against the City of Hastings (Hastings Police Department) and its authorized agents, representatives, or personnel, this agreement may be pled as a counterclaim or as a defense in bar or abatement to any action of any kind whatsoever brought, instituted, or taken by or on behalf of myself/ourselves on account of any alleged claim or claims against the City of Hastings (Hastings Police Department) or its authorized agents, representatives, or personnel.
- I/We do hereby expressly stipulate and agree to indemnify and hold harmless the City of Hastings (Hastings Police Department) and its authorized agents, representatives, or personnel against any loss, including costs and fees on account of any action which may be brought against them by me/us or any person in my/our behalf for the purpose of enforcing any claim for damages arising out of participation in the "Ride-Along/Intern Program."
- I/We further expressly understand and agree that the participant will: (1) Abide by the orders of the police officers whom the participant accompanies; (2) Refrain from interfering with the police officers while in the pursuance of their official duties as police officers; (3) Refrain from participating with the police officers while in the pursuance of their official duties as police officers.
- I/We further agree to protect and save harmless the City of Hastings, (Hastings Police Department, its agents, representatives, or personnel) from any loss, damage, or expense on account of claims, liabilities, damages or injuries which may be sustained by any person or property arising directly or indirectly from any of my/our actions.

I/WE HAVE CAREFULLY READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND ITS PROVISIONS

To be completed by participant		
DOB (MO/Day/Year)	Date (MO/Day/Year)	Telephone
Address	City/State/Zip	
Signature		
Witness Signature	Address/City/State/Zip	Date (MO/Day/Year)
Officer Signature/Badge Number	Approved By (Supervisor)	Date (Mo/Day/Year)
To be completed by the parent or guardian of a participant under 19 years of age		
Relationship to Minor Participant	Date	
Address	City/State/Zip	Signature

ACCIDENT WAIVER AND RELEASE: POLICE INTERNSHIP

A Police Internship is dangerous and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to; participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the Police Internship

I certify that I am physically fit for participation in the Ride-Along Program, and have not been advised otherwise by a qualified medical person.

In consideration of my application and permitting me to participate in the Police Internship I hereby, for myself, my executors, administrators, heirs, next of kin, successors, and assigns agree and do as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or damages of any kind which may hereafter accrue to me in participating in or in traveling to and from this event. **THE FOLLOWING ENTITIES OR PERSONS: THE CITY OF HASTINGS AND THE HASTINGS POLICE DEPARTMENT** and its directors, officers, employees, volunteers, representatives and agents; (B) Indemnify and Hold Harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical and hospital treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Police Internship.

I understand that during the Police Internship or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I am aware that the Police Internship I voluntarily seek to participate in is a hazardous activity. I am voluntarily seeking participation in the Program with the knowledge that there are dangers involved. I agree that I assume and accept all risk of injury or death, and that I do this with intention to relieve the above named entities and persons from liability to me and all other persons whatsoever.

I hereby certify that I have read this document and I understand its contents.

To be completed by participant		
DOB (MO/Day/Year)	Date (MO/Day/Year)	Telephone
Address	City/State/Zip	
Signature		
Witness Signature	Address/City/State/Zip	Date (MO/Day/Year)
Officer Signature/Badge Number	Approved By (Supervisor)	Date (Mo/Day/Year)
To be completed by the parent or guardian of a participant under 19 years of age		
Relationship to Minor Participant	Date	
Address	City/State/Zip	Signature

HASTINGS POLICE DEPARTMENT
RIDE-ALONG/INTERN STATEMENT OF
CONFIDENTIALITY AND WAIVER FORM

I understand that any material, omissions, and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my Ride Along/Intern status. In addition, I authorize and request former employers, schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked and do here withhold such persons harmless for giving any information within their knowledge or record.

As a condition of acceptance as a Ride-Along/Intern, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I understand that I do not have the right to continue my status or utilize appeal rights as a Ride-Along/Intern if terminated. Also, I understand that I am not an employee of the City of Hastings or any department thereof, and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Ride-Along/Intern with the Hastings Police Department, I will hold all names and information regarding the Department in the strictest confidence. Further, I understand that intentional or involuntary disclosure of confidential information to unauthorized sources may result in my termination as a Ride-Along/Intern.

I further agree to release the City of Hastings, Nebraska, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Ride Along/Intern.

Ride Along/Intern Signature _____ Date _____

Coordinator of Ride-Along/Intern Program _____ Date _____

**AUTHORIZATION AND RELEASE
TO OBTAIN INFORMATION**

I, _____, authorize the Hastings Police Department to conduct a background check in connection with my application for the Ride-Along/Intern Program.

The investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle records, listed personal references and/or developed references, previous employers and/or present employers and other appropriate sources. Additionally, this information may include results of previous background investigations as well as information related to substance abuse.

I authorize the release of any information that the Hastings Police Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for the Ride-Along/Intern Program.

I fully understand all information gained from such investigation is confidential and will be released only to authorized persons of the Hastings Police Department.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentation, omissions or falsifications in any of the applications and/or documents furnished for the position and/or answer to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions or falsifications my application may be rejected or, if already accepted into the Ride-Along/Intern Program, my application/position may be terminated.

I hereby release the Hastings Police Department, Hastings, Nebraska or any of its agents or representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and information for the investigation made by the Hastings Police Department.

ONLY SIGN IN THE PRESENCE OF A PUBLIC NOTARY

_____ Date _____
Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20__.

Public Notary

