

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 ()	Pager ()		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 <i>Agreement for Provision of Unpaid Student Services to MSP form, PD-37.</i>			
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		AUTHORITY: 1935 PA 59 COMPLIANCE: Voluntary (but Completion is required before you will Be allowed to participate in the field Training.)	
To be retained for three years from date of signature in the work site file, and then destroyed.			