



DERRY TOWNSHIP POLICE DEPARTMENT

620 CLEARWATER ROAD, HERSHEY, PENNSYLVANIA 17033
OFFICE 717-534-2202 FAX 717-533-8220

Dear Student Intern Applicant,

Thank you for your interest in the position of Student Intern. The Derry Township Police Department may accept a Student Intern upon successful completion of the application process. The Department normally accepts one Intern per semester (Spring, Summer, Fall). Since multiple applicants apply for each slot, the applications should be submitted as early as possible. (At least **90** days before the anticipated start date is ideal)

The Department will select a Student Intern that best fits the needs of the Police Department. **Submission of an application does not guarantee an internship will be awarded to the applicant.**

The Student Intern application process is as follows:

1. The completed application is received.
2. An interview will be scheduled with selected candidates.
3. A criminal records check and background investigation is conducted.
4. A single intern candidate is selected and a request to accept the candidate is submitted through the chain of command to the Chief of Police and Township Manager.
5. If approved, the candidate is accepted as a Student Intern.

Typical duties conducted by the Student Intern include, but are not limited to:

1. Clerical tasks and data entry as directed by a supervisor
2. Assignment to any Division as needed.
3. Conducting "ride-along" observation with Patrol and related units.
4. Attending training or specialized unit training if available.
5. Any other task as directed by a superior officer or supervisor.

Selection for the Student Intern Program is a competitive process. You are encouraged to return your completed application as soon as practical.

Please contact me if you have any questions using the contact information on Page 1 of the Student Intern Application.

Sincerely,

A handwritten signature in blue ink, appearing to read "Timothy C. Roche".

Lt. Timothy C. Roche
Investigative and Support Services Division



DERRY TOWNSHIP POLICE DEPARTMENT

Thank you for your interest in the Police Student Intern program. Please print, complete and **sign** the following application and related forms and return them with copies of the requested documents to:

Lt. Timothy C. Roche
Investigative and Support Services Division
Derry Township Police Department
620 Clearwater Road
Hershey, PA 17033

Officer Phone: (717) 533-5498
PD Fax: (717) 533-4857
Email: troche@derrytownship.org

In addition to the completed and signed application, we will require copies of the following documents:

- A brief **Letter of Recommendation** from your Faculty Advisor
- A copy of your **Resume**
- A copy of your **Driver's License** or State Photo ID Card (School or Military ID's are not acceptable)
- A copy of your **Medical Insurance Card**

PART ONE: APPLICANT PROFILE

This profile will be used to determine your suitability for placement in the DTPD Student Intern program. Biographical information you provide will be used to perform a routing police records and background check. Your responses will be treated confidentially.

Directions: Please type or print clearly in ink. Responses that require additional space can be attached to this form or placed in the **ADDITIONAL INFORMATION** area at the end of this section.

PART ONE: APPLICANT PROFILE

APPLICANT BIOGRAPHICAL INFORMATION

First Name		Middle Name		Last Name	
Gender	Date of Birth (MM/DD/YY)	Age	Social Security Number		
DL State	Driver's License Number				
Home Address			Apartment or Floor		
City		State		ZIP Code	
Home Phone Number		Cellular Phone Number		Applicant's Email Address	

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact Name	Relationship to Applicant
Primary Emergency Contact Phone Number	Primary Emergency Contact Cellular Phone Number
Secondary Emergency Contact Name	Relationship to Applicant
Secondary Emergency Contact Phone Number	Secondary Emergency Contact Cellular Phone Number

EMERGENCY MEDICAL INFORMATION (Please list any allergies to medications of other information we should know if emergency medical treatment is required. If no such conditions exist, enter “No Known Allergies of Conditions”)

SCHOOL INFORMATION

Name of University or College	Major Field of Study	
Address of School		
City	State	ZIP Code
Applicant’s Campus Resident (If applicable)	Room, Apartment or Floor	
City	State	ZIP Code
Class Status at Time of Applications (Freshman, Sophomore, Junior or Senior)		

ACADEMIC ADVISOR INFORMATION

Advisor’s Name	Advisor’s Department of Study
Advisor’s Phone Number	Advisor’s Email Address

INTERN SCHEDULE INFORMATION (Note: Student Interns are generally scheduled Monday through Friday from 0800-1600, unless otherwise directed.)

Intended Start Date	End Date
Proposed Schedule	
List any schedule limitations you may have	Minimum Hours Per Week

CURRENT EMPLOYMENT INFORMATION

Name of Business		
Address of Business		
City	State	ZIP Code
Supervisor's Name	Supervisor's Phone Number	
Describe your duties and typical work hours		Average Hrs./Week

POLICE CONTACT INFORMATION (List all police contacts where you were the subject of the investigation, including traffic stops. For large cities such as Philadelphia, include the precinct, district or geographical subdivision where the event occurred.)

Name of Police Department that covers your home address
Name of Police Department that covers your College or University
Previous Police Contacts (Name of agency, date of contact, type of incident)

TRANSPORTATION

Do you have a reliable car available? YES NO

CAREER GOAL: Briefly describe your career goal.

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RELEVANT COURSES AND SKILLS: List courses completed and additional skills, certifications or other experience that might assist you in this Student Internship.

