



**Shaun Golden
Sheriff**

MONMOUTH COUNTY SHERIFF'S OFFICE

**2500 Kozloski Road
Freehold, New Jersey 07728
Phone: 732-431-6400 Fax: 732-294-5965**

www.mcsonj.org

**Executive Undersheriff
Theodore F. Freeman, Jr.**
1 Waterworks Road
Freehold, NJ 07728
732-431-7860 ex 1110

**Special Operations
Robert J. Dawson, Jr.**
Undersheriff
2500 Kozloski Road
Freehold, NJ 07728
732-431-6400 ex 1610

**Law Enforcement Division
Darryl G. Breckenridge, Sr.**
Undersheriff
2500 Kozloski Road
Freehold, NJ 07728
732-431-6400 ex 1785

**Communications Division
Philip E. Meehan**
Undersheriff
2500 Kozloski Road
Freehold, NJ 07728
732-431-6400 ex 1719

**Corrections Division
Victor Iannello**
Warden
1 Waterworks Road
Freehold, NJ 07728
732-431-7860 ex 1217

**Office of Emergency
Management**
2000 Kozloski Road
Freehold, NJ 07728
732-431-7400 ex 1800

**Monmouth County Police
Academy
Terence P. Mahon**
Director
2000 Kozloski Road
Freehold, NJ 07728
732-577-8710 ex 1723

**Monmouth County Fire
Marshal's Office
Fred Migliaccio**
Fire Marshal
1027 State Route 33
Freehold, NJ 07728
732-683-8856

Dear Applicant,

Thank you for your interest in the Monmouth County Sheriff's Office internship program. This packet contains the required documentation to be submitted for consideration for an internship with the Monmouth County Sheriff's Office. Be sure to observe submittal deadlines. Any applications submitted after deadlines will not be considered.

The documentation should be complete, and originals returned via regular mail to:

Selina Mishkin
HR Administrator
2500 Kozloski Rd.
Freehold, NJ 07728

Instructions for completion of the documentation are as follows:

- Complete the highlighted areas in the fillable PDF's
- Print out all forms
- Have signatures notarized on the application and confidentiality statement
- Have your schools' representative sign the "student internship agreement"
- Make copy of valid driver's license (front and back)
- Mail completed documentation, copy of valid driver's license, social security card and recommendation letters to the address listed above.

If accepted for the internship, you will be notified by the Internship Coordinator. For questions or requests for additional information e-mail: smishkin@mcsonj.org

Good luck!

Selina Mishkin
HR Administrator
Monmouth County Sheriff's Office
smishkin@mcsonj.org

STUDENT INTERNSHIP PROGRAM

APPLICATION, ACKNOWLEDGEMENT AND RELEASE

1. I hereby apply to become an unpaid student intern with the Monmouth County SHERIFF's Office (the "SHERIFF"), as a student at_____.
2. My full name, date of birth and Social Security Number, which may be used by the SHERIFF to perform a background check on me, are as follows:

FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____
3. There are certain risks in the activities of a student intern with the SHERIFF, especially with regard to the law enforcement and corrections functions of the SHERIFF. I am willing to bear those risks in return for my admission as a student intern. Therefore, **I release the County of Monmouth (the "County") and the SHERIFF, and their respective officers, agents and employees from any liability for bodily injury or other damages arising out of the internship, unless the injury or damages are caused by the willful misconduct or gross negligence of the County or the SHERIFF.**
4. I may learn information during the internship program which must remain confidential. I agree not to disclose any such confidential information at any time during or following the completion of the program, without the expressed written consent of the County and the SHERIFF.
5. I will abide by the SHERIFF's rules and regulations during my time as a student intern. My internship may be cancelled immediately if I violate any such rules and regulations.
6. I acknowledge that no employment relationship exists between me and the County or the SHERIFF due to my participation in this internship program.
7. If I am a minor, my parent or legal guardian signs on my behalf.

Date: _____

X_____

Student Signature

Date: _____

X_____

Parent/Legal Guardian

Notary Public



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Confidentiality Statement

I, _____ understand and agree that as an intern assigned to the Monmouth County Sheriff's Office, I will be exposed to information that may be confidential in nature.

I understand that under no circumstances will I divulge information relating to official police business to include reports, verbal information, correspondence, or any other information originating from or through this agency.

I further understand that if it is determined that I violated this confidentiality statement it shall result in my immediate dismissal from the program.

Signature of Candidate

Printed Name

Witness

Date

Parent or Guardian (if applicant is a minor)

Notary Public

STUDENT INTERNSHIP AGREEMENT BETWEEN

AND BOTH THE COUNTY OF MONMOUTH AND THE MONMOUTH COUNTY SHERIFF'S OFFICE

This Agreement is entered into on this _____ day of _____, 20____, between _____ (hereinafter referred to as the "SCHOOL"), with offices located at _____ and both the COUNTY OF MONMOUTH (hereinafter referred to as the "COUNTY"), with principal offices located at the Hall of Records, 1 E. Main Street, Freehold, New Jersey 07728 and the MONMOUTH COUNTY SHERIFF'S OFFICE (hereinafter referred to as the "SHERIFF"), with principal offices located at 2500 Kozloski Rd, Freehold, New Jersey 07728.

IT IS AGREED

1. **PURPOSE OF AGREEMENT.** Students of the SCHOOL, upon acceptance by the SHERIFF, will serve as interns with the SHERIFF, to obtain valuable real world experience in the various functions and operations of the SHERIFF, including Communications, Law Enforcement, Corrections, Emergency Management and Police Academy.
2. **TERM OF AGREEMENT.** This agreement is in effect upon signature of all parties and shall remain in effect for the period of one year with the option to renew for additional one year periods upon written consent by the parties. Unless a party has a reasonable basis for an earlier effective date for cancellation, ninety (90) days advance notice shall be given. Students currently participating in an internship shall be allowed to finish the internship even if the Agreement is canceled, unless otherwise agreed to by the parties in writing or the student is removed from participation in accordance with paragraph 6.b. below.
3. **TERM OF INDIVIDUAL INTERNSHIPS.** Each individual internship under this agreement shall be for such duration, dates and times as mutually scheduled in writing between the parties, subject, however to the parties' cancellation rights described above.
4. **SHERIFF'S RESPONSIBILITY.**

The SHERIFF will:

- a. Perform background checks on all students prior to their acceptance into the program as interns.
- b. Cooperate with the SCHOOL to plan and provide a valuable experience for each participating student intern.

5. SCHOOL'S RESPONSIBILITY

The SCHOOL will:

- a. Obtain and provide to the SHERIFF a completed Application, Acknowledgement and Release signed by each student or, if the student is a minor, that student's parent or guardian. The form of the Application, Acknowledgement and Release is attached hereto as Exhibit "A".
- b. Cooperate with the SHERIFF to plan and provide a valuable experience for each participating student intern.

6. SHERIFF'S AUTHORITY

- a. Students whose background checks are unsatisfactory in sole judgement of the SHERIFF will not be accepted into the internship program.
- b. At the sole discretion of the SHERIFF, participating students may be removed prior to completing their respective internships due to security and/or other bona fide reasons. Such reasons shall be communicated to the SCHOOL in writing.
- c. The SHERIFF shall maintain complete operational authority over the SHERIFF's facilities and operations, including supervisory authority over the activities of the participating student interns.

7. NO COMPENSATION. Except for tuition and fees payable by the student to the SCHOOL, there shall be no compensation paid by any party to another party in connection with the internships, including any compensation that could give rise to an employer and employee relationship.

8. MODIFICATION. The terms of this Agreement shall not be modified, changed or otherwise altered without the written consent of all the parties hereto.

9. INDEMNIFICATION. The SCHOOL will indemnify and hold the County and the SHERIFF, and their respective officers, employees and agents harmless from and against any and all claims or costs, including reasonable attorney's fees, that arise out of this Agreement, including claims brought by the SCHOOL's officers, faculty, employees, students and agents against the County of the SHERIFF of their respective officers, employees and agents, unless and only to the extent that such claims and costs are the result of the willful misconduct or gross negligence of the County of the SHERIFF, or of their respective officers, employees and agents.

10. INSURANCE

- a. General Liability Insurance: The SCHOOL shall provide the SHERIFF and County with proof of general liability insurance covering the SCHOOL, its employees and students in the minimum amounts of \$1,000,000 per occurrence and \$3,000,000 in the

aggregate. The County and the SHERIFF shall be named as additional insureds on the general liability insurance.

- b. Workers Compensation and Employers Liability: The SCHOOL shall provide the County and the SHERIFF with proof of acceptable workers compensation and employers liability insurance, covering the SCHOOL's employees.
- c. Health Insurance: The SCHOOL shall provide the SHERIFF with proof of acceptable health insurance for each participating student intern.
- d. Proof of said insurance coverage above shall be provided for those periods during which a student participates in the internship program.

11. BINDING EFFECT. This Agreement shall be binding upon the parties hereto and their successors and assigns.

12. NO ASSIGNMENT. No party shall assign or transfer any interest in this Agreement without the other parties' prior written consent, which such consent shall not be unreasonably withheld.

13. NO WAIVER. The waiver or failure of a party to exercise any right under this Agreement in one or more instances shall not be deemed a waiver of that right in other instances.

14. ENTIRE AGREEMENT. This Agreement sets forth the entire understanding between the parties.

15. GOVERNING LAW. This Agreement shall be governed by the law of the State of New Jersey.

16. CONTACT PERSONS. Unless and until changed by a notice from on party to the other party(ies), the following persons shall serve as the contact persons for the parties:

FOR THE SCHOOL:

Name: _____

Title: _____

Phone Number(s): _____

FOR BOTH THE COUNTY AND THE SHERIFF:

Name: Selina Mishkin

Title: HR Administrator, Monmouth County Sheriff's Office

Phone Number: 732-431-6400 ext. 1185

SCHOOL

SIGNED BY: _____

TITLE: _____

DATE: _____

SIGNED BY: _____

TITLE: _____

DATE: _____

COUNTY OF MONMOUTH

SIGNATURE: _____

SIGNED BY: TOM ARNONE

TITLE: FREEHOLD DIRECTOR

DATE: _____

MONMOUTH COUNTY SHERIFF'S OFFICE

SIGNATURE: _____

SIGNED BY: SHERIFF SHAUN GOLDEN

TITLE: SHERIFF

DATE: _____