

***Board of Regents of the University System of Georgia,  
Safety & Security***

***Student Internship Program***

**Purpose**

The Board of Regents, University System Office (BOR-USO) Safety & Security Internship Program is created to provide a valuable learning experience for college and university students.

**Eligibility**

Program is open to full-time students in a business administration, criminal justice, political science, public administration or related career who are currently pursuing an undergraduate or graduate degree at an accredited college or university. Students must be juniors or seniors in undergraduate school or first year graduate students in order to participate in the program. Applicants must meet the following criteria:

1. U.S. citizen at least 18 years of age.
2. In good academic standing with their college or university.
3. Must be enrolled in school during the semester the student plans to intern.
4. Recommended by their college or university to participate in the program.

**Disqualification Standards**

Students will be disqualified from participation in the BOR-USO Safety & Security Internship Program for any of the following:

- Prior convictions for a felony or for misdemeanors of high and aggravated nature.
- Deliberate misrepresentation or falsification of any application or background information.
- Deliberate misrepresentation of illegal drug history in connection with the application.
- Illegal use of any drug while employed in any law enforcement or criminal justice position or while employed in any position that has a high level of responsibility.
- Illegal sale, distribution or manufacturing (to include growing) of any drug.
- Illegal use of marijuana within two years of internship application date.
- Use of an illegal drug or combination of illegal drugs, other than experimental marijuana use, within ten years of the internship application date.

Experimental use of marijuana which will be determined by:

- a. Number of times used.
- b. Frequency of use.
- c. Age of applicant at time of use.
- d. Circumstances surrounding use.

- Use of an illegal drug or combination of illegal drugs, other than marijuana, more than 5 times.
- Deliberate association of a personal nature within the past twelve months with any person who used illegal drugs in the presence of the student. Deliberate association will be determined by:
  - a. Circumstances surrounding the incident.
  - b. Location of incident.
  - c. Applicants response or lack of response in the incident.
- Conduct or activity which reflects a disregard for local, state, or federal laws or which conflicts with the standards of behavior or ethical principles of the USO-BOR Safety & Security office.
- Failure to complete the polygraph examination process.
- Driver's history which suggests a pattern of disregard for the law.
- Credit history which suggests fiscal irresponsibility.

### Application

1. Intern applicants must submit prior to the semester in which the internship is to be served the following:

- University System of Georgia Application for Employment online at <https://jobs.kennesaw.edu/applicants/jsp/shared/frameset/frameset.jsp?time=1310388391692>

The remaining materials must completed and mailed to the Director of Safety & Security

- Application for Student Internship
- Agreement on Guidelines for BOR-USO Safety & Security office
- Authorization for Release of Personal Information
- Waiver of Liability
- Awareness Statement
- Apprenticeship/Internship Questionnaire

The BOR-USO Safety & Security office and Human Resources will review the application to determine if the student meets the internship program qualifications.

2. Intern applicants must be willing to serve as interns for a minimum of 10 hours per week for a semester or 20 hours a week for eight weeks in order to receive the most benefit from the USO-BOR Safety & Security Internship Program. Students may work longer hours and weeks as directed by their college/university internship coordinators and USO-BOR Safety & Security work unit supervisors to ensure their college requirements are met.
3. The BOR-USO Safety & Security or Human Resources Office will coordinate interviews for the intern applicants and the supervisor of the work unit in which the internship is to be served. The supervisor will approve or disapprove the acceptance of the intern applicant.

4. Intern applicants may be required to complete a polygraph examination and background investigation to be accepted into the program.
5. There are no guarantees that everyone who applies will be approved for an internship with the BOR-USO Safety & Security office.
6. Applicants selected for internships may intern at one of University System of Georgia institutions or the Board of Regents offices.

### **Guidelines and Restrictions**

1. Interns will conform to the dress and conduct code as required by their placement.
2. The supervisors of the work unit in which the intern works will hold direct responsibility of the intern.
3. Interns will be exposed, as much as possible, to the various operations of the assigned work unit.
4. Interns will not be placed in life-threatening situations.
5. Under the supervision of the authorized personnel, interns will be permitted to operate vehicles in a non-emergency status provided the intern has a valid driver's license and a good driving history.
6. Interns will not wear any clothing which could be construed as a uniform.

### **Summary Report**

At the conclusion of the internship, the intern will provide a written evaluation of the field experience to the Director of Safety & Security, emphasizing the strong and weak points of the program and any recommendations for change. Copies of the above evaluations will be forwarded to the student's college or university and to the USO-BOR Safety & Security office for filing and for dissemination to appropriate supervisory personnel.

### **Exceptions**

Exceptions to the above policy must be approved by the Director of Safety & Security.



**EMPLOYMENT HISTORY**

List all employment and United States military service for the past five years. Begin with the most recent employment. Be specific on job duties.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_ Ending Date of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_ Ending Date of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_ Ending Date of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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How did you learn of the internship program? \_\_\_\_\_

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I certify that all information on this application and any attached documents are correct. I authorize the Georgia Bureau of Investigation to conduct an investigation of me to determine my suitability for participation in the internship program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** A completed Internship Questionnaire, Authorization for Release of Personal Information, Agreement on Guidelines for Interns, Waiver of Liability and Awareness Statement must be submitted with this application.

## **BOR-USO Safety & Security AWARENESS STATEMENT**

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-02 (amended), and dissemination of such information are governed by state and federal law and by GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the rules of the GCIC Council.

O.C.G.A. 35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. 16-9-90 et seq.) provides for the protection of public and private sector computer systems, including communication links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5,000 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. 35-3-31. All databases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_



## **Deadline for Submission for Internship Applications**

Spring Semester                      September 15

Summer Semester                      February 15

Fall Semester                              May 15

What semester would you like to do your internship? \_\_\_\_\_

What location(s) will you consider?

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***All applications must be received by the above dates in order to be considered for the semester of your choice. Please send applications to:***

***Board of Regents of the University System of Georgia  
ATTENTION: Chief Bruce Holmes  
270 Washington St SW  
Atlanta, GA 30334***



**BOR-USO Safety & Security**  
***STUDENT INTERNSHIP***  
***WAIVER OF LIABILITY***

I am a student at \_\_\_\_\_ working toward a degree in criminal justice or related field, and I desire to enter a program of practical work with the Board of Regents, Safety & Security office. I understand the sole purpose of said program is to expose me to the daily operations of the Board of Regents Safety & Security office, thereby furthering my education.

As a condition of my participation in this program, I now execute this agreement and make the following acknowledgments:

I acknowledge that my participation in this program is completely voluntary and that I will not be entitled to remuneration or pay of any type for said participation. I further acknowledge that my participation in this program does not give rise to an employee-employer relationship entitling me to coverage under the Workmen's Compensation Act, Georgia Laws 1920, p. 167 (O.C.G.A. § 34-9-1 et seq.)

I acknowledge and agree that the State of Georgia, the Board of Regents of the University System of Georgia and the employees thereof cannot be held liable for any accident or injury suffered by the undersigned arising out of or during the course of this program.

I voluntarily assume the risk of all injuries that might occur as a result of the training to be provided by individual members of the Board of Regents, Safety & Security office personnel or designees.

I agree to make no claim against the State of Georgia, the Board of Regents of the University System of Georgia or any employees thereof for any physical or mental impairment arising out of and during the course of my participation in this program.

I agree to treat all matters within the Board of Regents of the University System of Georgia as confidential and agree not to discuss the daily operations which I am allowed to observe with anyone outside the Board of Regents of the University System of Georgia other than my intern advisor.

I agree to provide evidence of my age prior to beginning this intern program, and should that evidence indicate that I am below the age of 21 years, agree to obtain the consent of my parents to participate in the program under the conditions herein described.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Parent Signature if Student Under Age 21

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip Code



**CRIMINAL HISTORY**

Have you ever been arrested, been the subject of a criminal complaint, indictment or been required to appear as a suspect or defendant in any criminal proceeding, before any prosecuting officer or investigative agency?

Yes  No

Have you ever been convicted, pleaded guilty or pleaded nolo contendere to a misdemeanor or felony crime?

Yes  No

Were you ever arrested as a juvenile?

Yes  No

Have you ever been:

Sentenced to incarceration?

Yes  No

Placed in a police lineup?

Yes  No

Placed on probation?

Yes  No

Placed on parole?

Yes  No

Placed in a holding cell?

Yes  No

Placed in a military stockade?

Yes  No

Placed in a disciplinary school?

Yes  No

Questioned by the police as a suspect of a crime?

Yes  No

Have you, or any company in which you are or were a principal, ever been the subject of an investigation or litigation that was conducted by a federal, state or local agency?

Yes  No

If you answered "yes" to any of the above questions, an explanation is required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER COMMITTED OR PARTICIPATED IN ANY OF THE FOLLOWING CRIMES OR OFFENSES? THE QUESTION APPLIES EVEN THOUGH YOU MAY NOT HAVE BEEN ARRESTED OR DETECTED.**

- Murder
- Voluntary Manslaughter
- Involuntary Manslaughter
- Aggravated Assault
- Battery
- Kidnapping

<i>Yes</i>	<i>No</i>
<i>Yes</i>	<i>No</i>





**If you have a driver's license, provide the following:**

State of Issue: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List all traffic citations you have received (except parking):

<i>Location (City/State)</i>	<i>Approximate Date</i>	<i>Violation</i>	<i>Disposition</i>

Did you ever possess a driver's license issued by any state other than Georgia?

Yes  No  If yes, give state and license number: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes  No

Have you ever been refused a driver's license by any state? Yes  No

Has your auto insurance ever been canceled? Yes  No

Were you ever denied auto insurance? Yes  No

Did you ever obtain a driver's license under another name? Yes  No

If you answered "yes" to any of the above questions, an explanation is required: \_\_\_\_\_

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**ILLEGAL DRUG USE**

Indicate below which of the following drugs you have illegally used in the past or are currently using illegally. List the number of times you used the drug(s) and the dates of first and last use. Do NOT include instances in which the drug was legally administered by or prescribed for you by an authorized medical practitioner.

<i>Name of Drug</i>	<i>Check if you have used illegally</i>	<i>Number of times used</i>	<i>Date of 1<sup>st</sup> Use</i>	<i>Date of last Use</i>
Marijuana				
Cocaine				
Crank				
Crack				
Heroin				
Opium				
Morphine				
LSD				
<i>Name of Drug</i>	<i>Check if you have used illegally</i>	<i>Number of times used</i>	<i>Date of 1<sup>st</sup> Use</i>	<i>Date of last Use</i>

Angel Dust				
Coke				
Cloud				
Snow				
Snort				
Rush				
PCP				
Ice				
Acid				
Valium				
Codeine				
Dilaudid				
Percodan				
Speckle Bird				
Tylox				
Demerol				
Methadone				
Speed				
Soapers/Sopes				
White Cross				
Blues				
Tees				
Yellow Jackets				
Beauties				
Black Beauties				
RJS				
Phenobarbital				
Nembutal				
Seconal				
Reds				
Glue				
Preludin				
Ludes				
Qualudes				
A's				
Equanil				
Librium				
Oxycodone				
Meperidine				
Benezedrine				
Bennie				
Dexedrine				
Marijuana				
Mushrooms				
Calif. Turnarounds				
Peyote				
Mescaline				
Hashish				
<i>Name of Drug</i>	<i>Check if you have used illegally</i>	<i>Number of times used</i>	<i>Date of 1<sup>st</sup> Use</i>	<i>Date of last Use</i>

Hash Oil				
Darvon				
Talwin				
Thai Stick				
THC				
Psilocybin				
Talwin/PBZ				
Amphetamines				
Bartitirates				
Methaqualone				
MDA				
Uppers				
Downers				
Ecstasy (XTC) MDMA				
Biphetamine				
STP				
Steroids				
GHB				
Methamphetamine				
Rush				
Other				

Explain fully any item(s) checked: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you used, sold or purchased illegal drugs or marijuana:

In the past 24 hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past week	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past month	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past six months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
In the past year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____
Since applying for this position	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type Drug	_____

Do you own any drug paraphernalia? Yes  No

If yes, describe the paraphernalia: \_\_\_\_\_

\_\_\_\_\_

Have you ever possessed marijuana or other illegal drugs? Yes  No

Are you currently using marijuana or other illegal drugs? Yes  No

**If you answered “yes” to any of the above questions, answer the following:**



How many times have you been in the possession of marijuana or other illegal drugs? \_\_\_\_\_

When was the last time (month/year) you were in possession of marijuana or other illegal drugs? \_\_\_\_\_

Describe circumstances of marijuana use or other illegal drug use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the most marijuana or other illegal drugs you have purchased at one time? \_\_\_\_\_

How much did you pay for it? \_\_\_\_\_

What is the most marijuana or other illegal drugs that has been given to you? \_\_\_\_\_

What is the most marijuana or other illegal drugs you have ever given away? \_\_\_\_\_

What is the most marijuana or other illegal drugs you have ever sold? \_\_\_\_\_

Have you ever grown or participated in growing marijuana? Yes  No

How much? \_\_\_\_\_  
When? \_\_\_\_\_  
Where? \_\_\_\_\_  
What did you do with the marijuana? \_\_\_\_\_

Have you ever manufactured or participated in manufacturing illegal drugs? Yes  No

What type? \_\_\_\_\_  
How much? \_\_\_\_\_  
When? \_\_\_\_\_  
Where? \_\_\_\_\_  
What did you do with the drugs? \_\_\_\_\_

Have you ever intentionally transported or stored illegal drugs? Yes  No

Have you ever "set up" a drug buy for yourself or anyone else? Yes  No

Have you ever forged, illegally obtained, sold or stolen a drug prescription? Yes  No

Have you ever passed or attempted to pass a forged drug prescription? Yes  No

Have you ever been arrested or convicted for a drug violation? Yes  No

Have you ever stolen drugs from anyone? Yes  No

Have you ever sold any substance which you purported or claimed to be an illegal drug?

Yes  No

If you answered "yes" to any of the above questions, an explanation is required:

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When is the last time that someone used illegal drugs or marijuana in your presence?

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Describe the circumstances:

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### ***GAMBLING***

Do you have gambling debts?

Yes  No

If yes, an explanation is required:

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What is the most money you have ever illegally bet at one time?

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### ***PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY***

If you were ever employed by a criminal justice or law enforcement agency, answer the following questions:

Have you ever accepted a payoff?

Yes  No

Have you ever stolen anything from someone you arrested?

Yes  No

Have you ever stolen anything from an evidence room?

Yes  No

Have you ever kept the property of someone you arrested?

Yes  No

Did you ever carry a "throw down" weapon?

Yes  No

Have you ever unlawfully entered a business or residence?

Yes  No

Have you ever stolen anything from an impounded vehicle?

Yes  No

Did you ever falsify an expense voucher?

Yes  No

Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket?

Yes  No

Have you ever tampered with evidence?

Yes  No

Have you ever kept for personal use or for resale any illegal drugs taken from someone who had been arrested/detained or questioned?

Yes  No

- Have you ever illegally destroyed a case file, computer record or official report? Yes  No
- Have you ever illegally retained seized weapons or property? Yes  No
- Have you ever intentionally falsified a case file, computer record or official report? Yes  No
- Have you ever “planted” evidence? Yes  No
- Were you ever suspended from your job? Yes  No
- Have you ever “tipped-off” a friend, acquaintance or relative about an active investigation involving them? Yes  No
- Did you ever “cover up” a criminal offense for a friend or relative? Yes  No
- While employed by a criminal justice agency, have you ever illegally possessed or sold marijuana, cocaine or other illegal drugs? Yes  No
- Have you ever stolen anything from a crime scene? Yes  No
- While employed by a criminal justice agency, did you ever violate your oath of office? Yes  No
- Have you ever been a party to a lawsuit resulting from your actions in the performance of your job? Yes  No
- Have you ever illegally destroyed evidence in an active investigation? Yes  No

If you answered “yes” to any of the above questions, an explanation is required:

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**Safety & Security Apprenticeship/Internship**

***CERTIFICATION AND AUTHORIZATION***

***I have read and understand each question on this questionnaire. I certify that my responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement, failing to answer a question(s) or an omission of material facts will result in my disqualification from the BOR Safety & Security office Apprenticeship or Internship Program.***

***I authorize the BOR Safety & Security office to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature, and to conduct a background investigation of me.***

***I understand that information provided by me on this questionnaire and information obtained during a background investigation of me may be subject to public disclosure pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.)***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**BOR-USO, SAFETY & SECURITY  
APPRENTICESHIP / INTERNSHIP PROGRAM**

*AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION*

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Board of Regents of the University System of Georgia (BOR-USG), whether such records are of a public, private, or confidential nature. I understand that the BOR-USG may review all records concerning myself at any time while I am being considered for employment. Should I be offered employment with the BOR-USG, I further understand that permission is granted to run additional background checks during my term of employment with the BOR-USG without seeking additional consent from me.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me) and records of local, state and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for BOR-USG employment or employment in a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Board of Regents of the University System of Georgia to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I understand that information obtained with this authorization may be subject to public disclosure pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.)

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Full Name Printed	Signature	
Street Address	Sex	Race
City/State	Date of Birth	
Social Security Number	Date	

Revised 7/2011