

**LAW ENFORCEMENT “FIELD” INTERNSHIP PROGRAM  
APPLICATION FALL/SPRING SEMESTER 2019/2020**



**LE Internship Application Period: Continuous**

**Semester LE Internship Announcements: Continuous**

**Law Enforcement Internship / CWE Orientation:**

**More dates to follow.**

LAW ENFORCEMENT TRAINING  
Public Safety Training Complex  
1 Hancock Drive  
Lompoc, CA 93436

# APPLICATION GUIDELINES

## COURSE INFORMATION

We are accepting applications for the Allan Hancock College - Law Enforcement Internship Program as follows:

**Law Enforcement “Field” Internship Program:** A 17-week or 13-week course. This is a Career Work Experience (CWE) course that allows for students already in the profession to earn college credit towards their A.S. Degree in Criminal Justice. Students will enroll in their chosen length course and attend their normal work schedule. Students must work at least 225 hours over the semester to earn 3 units. This is a “Paid” Internship as the student is already employed with a law enforcement agency. There is also a **mandatory** Orientation session.

## COURSE DESCRIPTION

Students who are accepted into the Internship are required to develop a minimum of three learning objectives. The student's progress towards the learning objectives will be evaluated twice during the semester. A final essay will also be required outlining the student's experience and learning objectives outcomes. The course provides supervised manipulative and technical training and work experience in the basic concepts of law enforcement. Law Enforcement Interns are assigned various duties at their assigned Law Enforcement Department. Law Enforcement Interns will report to duty on their assigned duty days and function as a regular member of their agency.

## APPLICANT ACCEPTANCE CRITERIA – Acceptance is selective, and very competitive.

The minimum requirement for Field Internship:

You must be affiliated with a paid professional Law Enforcement Department, and your Department must be willing to enter into a cooperative relationship with Allan Hancock College to support the internship.

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**APPLICATION INSTRUCTIONS Only typed applications will be accepted.**

Fill out the attached application neatly and completely and return to our office. It is the applicant's responsibility to ensure that all supporting documents arrive with your application packet. Your placement in an Internship will be determined upon review of your application and supporting documents.

***All applicants will be notified via email if they have been selected for an Internship. \*\*\*Please provide an email address that you use frequently on the application.***

**YOUR COMPLETE APPLICATION PACKET SHALL INCLUDE:**

- Application Form
- Resume
- Cooperative Work Experience Student Data Form
- Workers' Compensation - Pre-Designation of Personal Physician
- Release of Liability and Medical Treatment Authorization
- Paid/Unpaid Internship Jobsite Agreement
- Statement of Specific Learning Objectives and Cooperative Work Experience Education Agreement

Deliver or mail application packet to:

Allan Hancock College  
Public Safety Training Complex Fire  
One Hancock Drive  
Lompoc, CA 93436  
Attention: Neal LeMaire

LAW ENFORCEMENT TRAINING  
Public Safety Training Complex  
1 Hancock Drive  
Lompoc, CA 93436





**ALLAN HANCOCK COMMUNITY COLLEGE  
COOPERATIVE WORK EXPERIENCE STUDENT DATA FORM**

Semester: Fall  Spring  Summer  Year: \_\_\_\_\_ CWE Instructor: \_\_\_\_\_

*This program is open to all students of Allan Hancock Community College District without regard to race, color, sex, religion, age, national origin, or disability.*

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
Last First Initial

Student I.D. Number: H \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Agency or Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**PROGRAM FOR WHICH YOU ARE APPLYING**

- CWE 149 – Occupational (Job does relate to major)  New CWE Student
- CWE 302 – General (Job does not relate to major)  Returning CWE Student

Is your academic credit based on:  Job  Internship

How many units are you taking this semester? \_\_\_\_\_  
(Including CWE)

What is your College Major? \_\_\_\_\_

What is your Career Goal? \_\_\_\_\_

Employer/Supervisor: \_\_\_\_\_

Best Time to Call Supervisor: \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Is this job/internship  Paid  Or Unpaid

Number of Hours Weekly: \_\_\_\_\_

Work Schedule: List your hours worked each day

M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ THR\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_ Sun\_\_\_\_

**WORK EXPERIENCE INFORMATION**

Credit will be earned at the rate of 75 hours paid or 60 hours of unpaid work per unit. A maximum of 3 units for General Work Experience (CWE 302) and 4 units of Occupational Work Experience (CWE 149) may be earned during the semester.

Total Work Experience Units I plan to enroll in and complete based on the number of work hours I will be working this semester:

- 1  2  3  4

The information stated above is correct: \_\_\_\_\_ Date: \_\_\_\_\_

*Student Signature*

**OFFICE USE ONLY**

- Occupational Work Experience: CRN # \_\_\_\_\_  General Work Experience: CRN # \_\_\_\_\_
- Release of Liability & Medical Treatment Authorization Completed  Workers' Compensation – Pre-Designation of Personal Physician Completed



WORKERS' COMPENSATION – Pre-Designation of Personal Physician

EMPLOYEE NAME	JOB TITLE
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If you are injured on the job **you have the right to be treated by your personal physician if you notify us, in writing, prior to the injury. To qualify as your pre-designated, personal physician, the physician must agree, in writing, to treat you for a work related injury.** must have previously directed your medical care and must retain your medical history and records (Labor code 4600). Your pre-designated physician must be a general practitioner, family practitioner, board certified or board eligible internist, pediatrician or obstetrician-gynecologist.

This is an optional form that can be used to notify us of your personal physician. You may choose to use another form, as long as you notify us, **in writing, prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be pre-designated. Otherwise, you will be treated by one of our designated worker's compensation medical providers.

**EMPLOYEE ACKNOWLEDGEMENT** (Choose one)

- I acknowledge receipt of this form and elect not** to pre-designate my personal physician at this time. I understand that in the event of a work related injury or illness, I will receive medical treatment from my employer's medical provider. I understand that, at any time in the future, I can change my mind and provide written pre-designation of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

- If I am injured on the job, I wish to be treated by my personal physician.** This physician is my personal physician who has previously directed my medical care and retains my medical history and records.

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Address \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***The remainder of this form is to be completed by your physician and returned to the CWE Office.***

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**PERSONAL PHYSICIAN ACKNOWLEDGEMENT**

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other **written** documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).

- I agree to treat the above named employee in the event of an industrial accident or injury AND I meet the criteria outlined above.** I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return completed form to: Allan Hancock College  
CWE Coordinator – Building W Room 22  
800 South College Drive, Santa Maria, CA 91355  
Phone (805) 922-6966 ext. 3820

ALLAN HANCOCK COMMUNITY COLLEGE  
VOLUNTARY ACTIVITY PARTICIPATION WAIVER  
RELEASE OF LIABILITY and MEDICAL TREATMENT AUTHORIZATION

Participant Name:	Student I.D.: H
Description of Activity:	Unpaid internship or Work Experience, Cooperative Work Experience Education Course
Date(s) of Activity (Class Term):	
Activity Program/Department and Coordinator Name:	CWE – Thomas Lamica, Ext. 3820

I understand and acknowledge that I have voluntarily enrolled in the Allan Hancock Community College Cooperative Work Experience Education course and related Activities. I authorize the District to contact and visit my worksite supervisor to inform them of CWE course requirements and to notify them if I fail to complete the enrollment process, drop the course or are dis-enrolled for any other reason.

I understand and acknowledge that this Activity and any related activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physical before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- Sprains
- Fractured bones
- Unconsciousness
- Head and/or back injuries
- Paralysis
- Activity related injury/illness
- Loss of eyesight
- Communicable diseases
- Death

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the above Activity, so that I can make a voluntary choice to participate or not participate.

In the event that this Activity is off campus, I hereby acknowledge and understand that, unless specifically advised otherwise, the District is not providing transportation and it is my responsibility to arrange for my transportation to and from the Activity. If District does provide transportation but I do not use the transportation, I am responsible to make my own arrangements and the District assumes no responsibility or liability of any kind. When providing my own transportation, I further acknowledge and agree that:

- The driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf of, or as an agent of, the District and that District has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- The District is in no way responsible for, nor does District assume any liability for, any injury or loss which may result from my transportation.

In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that the District and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

In the event of accident or illness please notify: \_\_\_\_\_  
Name Telephone

I voluntarily waive any claims against the District for injury, accident, illness or death occurring during or by reason of these Activities. I voluntarily elect to participate in these Activities. I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such Activities or any Activities incidental thereto. I hereby voluntarily exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the Allan Hancock Community College District, its officers, agents, servants, employees, and volunteers from any liability or responsibility for any property damage, personal injury, bodily injury, or wrongful death that I might sustain which is incident to and/or associated with preparing for and/or while participating in any Activity in any way connected with said Activities, including travel to and from Activity locations, whether same shall arise by the negligence of any of said persons, or otherwise.

I acknowledge that I have carefully read and understand this Voluntary Activities Participation Waiver, Release of Liability and Medical Treatment Authorization and that I agree to its terms and conditions.

\_\_\_\_\_  
Signature of Participant or, If Participant is a minor, Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Participant or, If Participant is a minor, Parent/Guardian

\_\_\_\_\_  
Date

**Allan Hancock Community College District  
Cooperative Work Experience Education  
PAID/UNPAID INTERNSHIP JOBSITE AGREEMENT**

The purpose of this agreement is to identify the standards and conditions under which the College and a company or Agency may enter into an agreement to provide paid or unpaid work-learn experience to cooperatively train a student in a job related to a specific major or course of study. The parties involved will be the company or Agency, called the "Agency," agreeing to provide a training experience to a student; the Cooperative Work Experience Education program of Allan Hancock College, or the "College," and the student.

The Cooperative Work Experience Education Program of the college is operated in compliance with sections 55250-55257 of Title V, of the California Code of Regulations.

According to the State Labor Code, Section 3368, Allan Hancock College assumes Worker's Compensation responsibility for the student Internship when the employer is not paying the student and when the internship meets these conditions as set forth in Federal Labor Law and Title V:

1. The student named below is enrolled in a Cooperative Work Experience course at Allan Hancock College.
2. This Internship program is open to all without regard to race, religious creed, color, national origin, ancestry, physical disability, mentor disability, medical condition, marital status, sex, age, or sexual orientation.
3. There is a structured training program identified on the Learning Objective Agreement between the college, student and employer, the hours of work are verified; and an evaluation is completed along with other course work by the end of the semester. Interns are not independent contractors, and it is the parties' mutual intent that Interns are not employees of either College or Agency for purposes of minimum-wage and overtime laws.
4. The focus of the training is primarily for the benefit of the student. If travel is required, the intern must accompany the supervisor who will be the designated driver.
5. The intern does not displace other paid workers.
6. The student is not guaranteed a job as a result of the training; however, the intern may be offered a paid position at any time during the training by arrangement between the employer, instructor and the student.
7. There is an understanding that the student is not entitled to pay during this training experience; however, that change can be mutually made at any time during or after the initial training experience.

\*\*\*\*\*  
**STUDENT AGREEMENT:** I agree to cooperate with the Agency and the instructor in this internship, to accept responsibility to keep a regular work schedule by arrangement with the employer and the instructor; to put in all the hours of work agreed upon; as well as the Work Experience course requirements in accordance with Title V including: writing and completing the Learning Objective Agreement, compliance with all other course requirements and the resulting grade from this course. I will not terminate the internship without first conferring with the supervisor and the Work Experience Instructor.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*  
**AGENCY AGREEMENT:** The Agency agrees to cooperate with the College and the student to provide a training experience to the student's major or program. It is understood that this may be an Unpaid Internship and that the student may not be paid for this work experience, but may continue as a paid employee. It is understood that Allan Hancock College assumes Worker's Compensation responsibility for the student when the student is not paid and not covered otherwise, and that the student will not work as an intern before or after the semester. Students paid by Employer shall be under the Employer's worker's compensation and/or liability insurance as required by law. The Agency agrees to provide the intern a safe professional working environment free from sexual harassment and unlawful discrimination. Finally, the Agency agrees not to terminate the student or the internship without first conferring with the student and the Work Experience instructor.

AGENCY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*  
**COLLEGE AGREEMENT:** The College agrees to refer qualified and interested students to the Agency, to provide counsel and guidance to the student. The College will grant academic credit for this work experience when all assignments are completed. It is understood that the student may not be paid for this work experience, and under these conditions that Allan Hancock College assumes responsibility for Workers Compensation when the student is not paid and not covered otherwise, and the student will not work as an intern before or after the semester in this program.

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*  
**STUDENT:** \_\_\_\_\_ \* This agreement is between AHC College Work Experience  
 \_\_\_\_\_ \* Coordinator and Student.  
 \_\_\_\_\_ \*  
**AGENCY:** \_\_\_\_\_ \* MAJOR: \_\_\_\_\_  
 \_\_\_\_\_ \* HOURS PER WEEK: \_\_\_\_\_  
 \_\_\_\_\_ \* WORK SCHEDULE: \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ \* UNITS OF CREDIT: \_\_\_\_\_  
 \_\_\_\_\_ \*  
**CITY/STATE/ZIP:** \_\_\_\_\_ \* SESSION: FALL/ SP/ SMR (CIRCLE ONE)  
**CONTACT PERSON:** \_\_\_\_\_ \* Beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , Ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**PHONE:** \_\_\_\_\_ \*





Student Name: \_\_\_\_\_

Class (circle one): CWE 149 or 302

CWE Instructor: \_\_\_\_\_

**STATEMENT OF SPECIFIC LEARNING OBJECTIVES AND COOPERATIVE WORK EXPERIENCE EDUCATION AGREEMENT**

Both the college and State guidelines for Cooperative Work Experience Education require that a student perform a planned program of Work Experience Education which includes new or expanded responsibilities or learning opportunities beyond those experience during previous semesters of employment. The Statement of Specific Learning Objectives are used by the college to determine whether the student is eligible for the Cooperative Work Experience Program and for the college credit which may be granted. It is a method for developing new or expanded skills in the workplace.

A learning objective is a measurable goal. It is also a method for developing new or expanded skills in the workplace. **A minimum of three objectives are required for the program.** The objectives must be **Measurable, Achievable, Relevant, Timely (S.M.A.R.T)**, and within the student's range of accomplishment. The objectives must be developed by the student and the immediate supervisor, and reviewed by the instructor at the beginning of each semester.

**OBJECTIVES**

**1** { 1. What is the task to be completed? \_\_\_\_\_  
2. How will it be accomplished? \_\_\_\_\_  
3. How will it be evaluated and by whom? \_\_\_\_\_  
4. When does it need to be completed? \_\_\_\_\_

**2** { 1. What is the task to be completed? \_\_\_\_\_  
2. How will it be accomplished? \_\_\_\_\_  
3. How will it be evaluated and by whom? \_\_\_\_\_  
4. When does it need to be completed? \_\_\_\_\_

**3** { 1. What is the task to be completed? \_\_\_\_\_  
2. How will it be accomplished? \_\_\_\_\_  
3. How will it be evaluated and by whom? \_\_\_\_\_  
4. When does it need to be completed? \_\_\_\_\_

**AGREEMENT**

We the undersigned, agree with the validity of the learning objectives listed above. The employer and the college agree to provide the necessary supervision and counseling to insure that the maximum educational benefit may be achieved for the employee/student's work experience. There are three participants in the Cooperative Education Venture. The student agrees to abide by the Cooperative Education Guidelines. The employer will evaluate the employee/student's objectives performance twice during the semester. The employer also agrees not to discriminate on the basis of race, color, national origin, sex, disability or age. The college will award academic credit for work successfully accomplished.

\_\_\_\_\_  
Employment Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CWE Instructor Signature

\_\_\_\_\_  
Date