



# El Paso County Sheriff's Office



Dear Student Intern Applicant:

Thank you for your interest in participating in the El Paso County Sheriff's Office Student Intern Program. Upon approval, this 90-hour internship will provide you with an overview of the Sheriff's Office and how the Law Enforcement, Detentions, and Support Services Bureaus interconnect to provide excellent public safety for our community. The policy of the Sheriff's Office is to perform background checks, criminal history, and personal reference checks on the suitability of all new volunteers and interns due to the sensitivity of the information with which the applicant will be working.

Enclosed you will find the application form and personal inquiry waiver. Please complete the forms and return them to me as soon as possible so that I may start the next phase of the application procedure. You will need to allow a few weeks for processing due to the necessary background and reference checks.

If you have any questions or need further information, please feel free to call me at (719) 520-7216. Again, thank you for your interest in the El Paso County Sheriff's Office Student Intern Program.

Sincerely,

  
Cathryn Richards  
Volunteer Coordinator

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Attachment:    *Application*  
                      *Personal Inquiry Waiver*



## Office of the Sheriff

27 East Vermijo Ave. • Colorado Springs, CO 80903  
719-520-7100  
[www.epcsheriffsoffice.com](http://www.epcsheriffsoffice.com)

### Civil Process Unit

210 South Tejon St. • Colorado Springs, CO 80903  
719-520-7144

### Criminal Justice Center

2739 E. Las Vegas St. • Colorado Springs, CO 80906  
719-390-2106



## **El Paso County Sheriff's Office Minimum Requirements for Student Interns**

- 1. Must be honest on the El Paso County Sheriff's Office Student Intern Application.**
2. Must be at least 18 years of age, 21 for some positions.
3. Must have **no** felony convictions.
4. Must have no misdemeanor convictions in the last 3 years.
5. Must be off any type of probation or parole for 3 years.
6. Must not have had any arrests in the last 3 years.
7. Must not have been incarcerated **or** held in a detention facility for 3 years.
8. Must not be related to anyone incarcerated at one of the El Paso County Detention Facilities.
9. All interns will have CCIC/NCIC background checks performed and fingerprints sent through CBI.
10. Truth verification examinations must be passed when required for any position that has access to inmate records, employee information, or if the intern's supervisor deems it appropriate.
11. Reference checks (2).
12. Interview with Volunteer Program Coordinator.

## Application Check List

**Before submitting application, please make sure all of these items have been completed.**

- Be honest on your application! *An arrest does not automatically prohibit acceptance into the Student Intern Program.*
- Complete all areas applicable to you.
- Personal Inquiry Waiver
  - **Sign in the presence of a Notary.**
- Attach a copy of the FRONT and BACK of your valid **Driver's License** (or other photo identification if you do not have a valid Driver's License).
- Questions, contact Volunteer Program Coordinator at 719-520-7216.
- Mail or deliver completed application packet to:

El Paso County Sheriff's Office  
Volunteer Program Coordinator  
27 East Vermijo Avenue  
Colorado Springs, Colorado 80903

**Thank you for your interest in the El Paso County  
Sheriff's Office Student Intern Program!**



**STUDENT INTERN APPLICATION**  
Please print clearly and complete all applicable areas.



NAME: \_\_\_\_\_  
Last First Middle Initial

AKA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

DO YOU POSSESS A CURRENT VALID DRIVER'S LICENSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

DRIVER'S LICENSE NUMBER & STATE OF ISSUE: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

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**PERSON TO CONTACT IN CASE OF AN EMERGENCY**

NAME \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Street City Zip

Home Phone Work Phone Cell Phone Relationship

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**Attach a copy of the FRONT and BACK of your valid Driver's License  
(or other photo identification if you do not have a valid Driver's License)**

**REFERENCES: LIST TWO PERSONAL REFERENCES**  
**DO NOT INCLUDE RELATIVES**

1. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City Zip Home/Work Phone Number

2. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City Zip Home/Work Phone Number

**EDUCATION**

Name/Location of High School Attended: \_\_\_\_\_

Date Diploma / GED received: \_\_\_\_\_

Name/Location of College Attending: \_\_\_\_\_

Required Hours Needed for Internship: \_\_\_\_\_

School Contact (name, title, phone number): \_\_\_\_\_

Area(s) of Study : \_\_\_\_\_

**EMPLOYMENT:**

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

Address: \_\_\_\_\_  
Street City Zip

Employment Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Current responsibilities: \_\_\_\_\_

Describe previous work experience: \_\_\_\_\_

\_\_\_\_\_

Are you in anyway related to or associated with anyone who is incarcerated in El Paso County?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please name the person(s) and explain your relationship: \_\_\_\_\_

Have you ever used marijuana? \_\_\_\_\_ Yes \_\_\_\_\_ No When was the last time you used marijuana? \_\_\_\_\_

Have you ever used any illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what drug(s) have you used and when was the last time you used the drug(s)? \_\_\_\_\_

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**NOTE: AN ARREST DOES NOT AUTOMATICALLY PROHIBIT ACCEPTANCE INTO THE STUDENT INTERN PROGRAM.** *(Please review Minimum Requirements)*

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### **ARREST INFORMATION**

Have you ever been arrested, charged, "questioned as an accused party", or convicted of a felony or misdemeanor, including court martial and military charges? (Omit traffic violations).

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, complete the following:

Charges	City & State	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you were convicted, what was the nature of your crime(s)? \_\_\_\_\_

Date(s) of conviction(s): \_\_\_\_\_

Are you on Probation or Parole? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current status of conviction(s) \_\_\_\_\_

Have you ever been incarcerated in a correctional/detention facility?

1. If yes, give facility name and location: \_\_\_\_\_

2. Date and length of incarceration: \_\_\_\_\_

3. Date of release and current status: \_\_\_\_\_





# El Paso County Sheriff's Office

## RELEASE OF INFORMATION AGREEMENT



STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**TO WHOM IT MAY CONCERN:** Please carefully read this authorization to release information about you, then sign and date it in ink.

***This release will be utilized and provided to third-party agencies in order to conduct a background investigation pursuant to your request for employment. Please be advised that this release will be in effect for two years from the date signed.***

I hereby authorize any Deputy Sheriff or other authorized representative of the El Paso County Sheriff's Office bearing this release, or a copy of it, within **two** years of its date, to obtain copies of any information in your files concerning me, or information pertaining to my employment.

I consent to your release of **any and all public and private information** that you may have concerning me, including but not limited to documents concerning my work record, my background and reputation, my military service records, my financial and credit records, my criminal history record, including any arrest records, any information contained in any investigatory files, performance evaluations, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, all medical, physical, mental records or reports, including all information of a confidential or privileged nature and photocopies of same, education, academic achievement, attendance, athletics, personal history, background investigations, polygraph examination, any and all internal affairs investigations and disciplinary action, **including any files which are deemed to be confidential, and/or sealed.**

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records or your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of this agency regardless of any agreement I may have made with you previously to the contrary.

I respectfully request and authorize you to furnish the El Paso County Sheriff's Office **any and all information** that you may have concerning me. This information is to be used to assist the Office in determining my qualifications and fitness for the position I am seeking with the El Paso County Sheriff's Office. This release is executed with the full knowledge and understanding that the information is for official use of the El Paso County Sheriff's Office.

Consent is granted for the El Paso County Sheriff's Office (EPSO) to furnish the information described above and subsequently provided to EPSO to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the El Paso County Sheriff's Office.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

**NOTE: A PHOTOCOPY REPRODUCTION OF THIS SIGNED REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
My commission expires: \_\_\_\_\_



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