



The Lucas County Sheriff's Office

Civilian Observer Intern Application/Release Packet

The completed forms must be received at least ten (10) business days prior to your requested participation. Any false information or omissions on this application may result in disqualification for Observer Intern privileges. The Lucas County Sheriff's Office reserves the right to deny Observer privileges to any person, for any reason, without prior notice.

Introduction

It is the desire of the Lucas County Sheriff's Office to extend the privilege of allowing individuals to accompany in an observer capacity our Sheriff's Office in serving our community by witnessing all types of emergency or non-emergency events in certain limited circumstances. All Participants must be eighteen years of age unless parent or guardian approval is given in writing (even if this is a school sponsored Observer Intern).

Request to Participate

I understand permission to Observe in a Lucas County Sheriff's Office controlled buildings or vehicles is a privilege, not a right. As a condition to this privilege, I agree to:

- a. Conduct myself in a professional manner, follow all directions given by assigned Sheriff's Office employees.
- b. Not interfere in the employee's performance of his/her duty.
- c. Be dressed and groomed in a manner so as not to detract from the professional image of the Sheriff's Office.
 - Dress acceptable to the business world is required, no skirts above the knee
 - Denim jeans, T-shirts, tank tops, sweat shirts, high heels, and sandals are forbidden.
- d. **Permit a Criminal records check investigation to be conducted on me.**
- e. Not take any photographic or video images using any device, including a cellular telephone.
- f. In vehicles, participants must wear a seat-belt as per State Law.
- g. No firearms or other weapons may be brought onto County Property or carried during the Observer program.

If you agree to abide to the terms listed herein, **please complete and sign** the all required forms included in this packet by the specified timeline indicated in the opening paragraph of this page; the entire application, the release of liability. **The Sheriff's Office reserves the right to deny or terminate an Observer Intern at any point during this program for any just cause.**

Below is to be completed by Lucas County Sheriff Staff only			
Application Received: Date:	By Officer:	I.D.#:	This request is By Officer: I.D.#: [] Approved [] Denied
Records Background Check: Completed:	By Officer:	I.D.#:	Sent to Sheriff for Approval by Officer: I.D.# [] Yes [] No Date:



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OBSERVER INTERN APPLICATION			
Full Name		Date of Birth	Age
Home Address		Phone Number	
Place of Employment or School Affiliation		Email Address	
Position/Title		Major/Study	
Place of Employment/School Address		Business/School Phone Number	
Driver's License or State I.D. Number	last 4 of Social Security Number	Emergency Contact Person & Number	
What is your interest in participating in this Observer Intern Program?			
Hours/dates NOT available for this program	Total Hours requested:	Considerations or Accommodations needed:	
Please answer the following by placing a 'Y' for yes, or 'N' for no, in the box to right of the question			
<i>Are you subject to a protection order because of harassing, stalking, or threatening any person?</i>		<i>Have you ever been charged or convicted of a criminal offense? List offense, date, location in space(s) below: (For additional space use attached notes page if necessary)</i>	
<i>Are you under indictment or do you have charges pending in any court for any crime?</i>		<i>Convicted?</i>	
<i>Have you ever participated in an Observer Intern Program with our agency? If yes, when did you last participate? _____</i>		<i>Convicted?</i>	
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OBSERVER INTERN PROGRAM RELEASE OF LIABILITY FORM
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I, (full name of civilian) _____, while as solely
(Print Full Name)

an Observer Intern, will not hold the Lucas County, or the Lucas County Sheriff's Office liable from any injury (physical and/or mental) as a result of being an Observer Intern. I have been informed and understand the possible dangers associated with Law Enforcement and Corrections work. I also agree to abide by all the rules associated with the Observer Intern program.

This release of liability includes all activities that I might pursue in and around the structure of the Lucas County Corrections Center, while accompanying any Sheriff's Office employee while conducting his/her official duty, or traveling to a point of destination to conduct such duty.

Signature of Observer Intern: _____

Date: _____ Time: _____

If the Observer Intern is under the age of eighteen (18), a parent or guardian's signature is required.

Signature of Parent or Guardian: _____

Date: _____ Time: _____