



Intern/Volunteer Program Confidentiality and Waiver Agreement

I, _____ (print name), understand that serving the public as an Intern/Volunteer with the Rocky Mount Police Department provides me with a great responsibility to uphold and protect the constitutional rights, personal privacy, and civil liberties of others, and that maintaining confidentiality is of critical importance in my work.

As a part of my duties as an Intern/Volunteer, I may learn confidential information that is related to the Rocky Mount Police Department that might include personnel matters, criminal investigations, criminal histories, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public view. The Rocky Mount Police Department has extended an offer for me to intern/volunteer with the agency on the condition that I abide by the terms of this Agreement.

I agree that I shall not violate the confidential interests of the Rocky Mount Police Department, its operations, its investigation, or its employees. The presumption is that all information related to my duties is confidential information unless I am explicitly told otherwise by the Chief of Police, or his/her designee. By signing this Agreement, I acknowledge that I will not (at any time) knowingly deliver any confidential information to any person, entity, or organization, except as required by law or court order.

I understand that any violations of this agreement shall subject me to termination as an Intern/Volunteer, and may also subject me to possible criminal prosecution. I understand that I do not have the right to continue my status or utilize appeal rights as an Intern/Volunteer, if terminated.

Also, I understand that I am not an employee of the Rocky Mount Police Department, and am not eligible for any remuneration or benefits of any kind or nature.

I further agree to release the City of Rocky Mount, the Rocky Mount Police Department, and employees from accountability or responsibility for any accident, injury, death, or other liability incurred or suffered by me while carrying out the duties of an Intern/Volunteer for the Rocky Mount Police Department.

Intern/Volunteer Signature: _____ Date _____

Program Coordinator: _____ Date _____