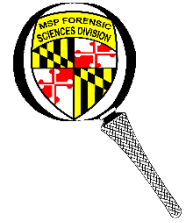




# MARYLAND STATE POLICE FORENSIC SCIENCES DIVISION Student Internship Program Packet



Thank you for inquiring about a voluntary internship with the Maryland State Police Forensic Sciences Division. Applicants **must** be currently enrolled in a Forensic Science program (or Life or Physical Science major with a minor in Forensic Science) from an accredited university, college or graduate school. ***We only accept applications from college juniors, seniors (undergrad) and those in graduate school. Individuals who have already graduated from a program are not eligible.*** Due to the limited number of internships available, we do not accept applications from high school students or those enrolled in a certificate or associate degree program. It is strongly preferred that applicants have some lab experience, especially in the utilization of instrumentation found in the labs where you may be placed. Applicants from online programs may be considered on a case-by-case basis. Our Crime Scene Section will also accept qualified interns obtaining a criminal justice degree.

Applicants for internships during a semester are expected to donate a minimum of 60 hours during the course of their time with us (i.e. 4 hours per week for a 15 week semester). Summer interns are expected to donate a minimum of 200 hours spread over a 10-12 week session (which should meet most college internship requirements, but check with your program as to their requirements). *Please note the FSD operates under normal business hours. Interns must have availability between 0600 and 1700 hours, Monday through Friday.* As this is a voluntary/non-paid program, there are no payments of any kind from the Maryland State Police. All arrangements and payments of necessary mileage (or other modes of transportation), room, board and other expenses incurred during the internship are the responsibility of the applicant.

Included in this packet are the forms that are necessary to participate in our internship program. The next page lists each form and when they are to be filed. One form, the Release of Information, requires a Notary Public Certification seal before returning. **Please include this document with all other documents in the electronic submission, and mail the notarized hard copy afterward.**

Once all necessary forms are received, a review of your information will be performed to assure that you meet the minimum requirements of our Internship Program criteria. You will be notified if you do not qualify or asked to provide additional information. For applicants that are placed, a background check will be performed to assure proper security clearance for being in our facilities, including Crime Scene offices. Upon completion of this clearance, you will be notified by either the FSD Intern Coordinator or a unit designee to arrange a start date. Once at the facility assigned, the applicant will complete the other required forms and provide a buccal DNA sample.

With the receipt of your application, we ***do not guarantee*** that there will be a place for you as the positions are limited. If not accepted for any openings around the time of receipt of your application, your forms will be held for future openings but will expire within one year from the receipt date (basically one rotation of placements – Summer, Spring & Fall semesters).

Again, thank you for your interest in our Internship Program and feel free to contact us if you have any questions.

Internship Coordinators: Amy Kelly – 443.260.3711 and Delaney McGinnis – 443.357.1421

Email address: [MSP.FSDinternship@maryland.gov](mailto:MSP.FSDinternship@maryland.gov)

Maryland State Police, Forensic Sciences Division, 221 Milford Mill Road, Pikesville, MD 21208

**MARYLAND STATE POLICE**  
**FORENSIC SCIENCES DIVISION**  
**Student Internship Program**  
**Rules of Conduct**

**Unbecoming Conduct**

Interns will obey all orders from superiors, whether written or verbal, except when compliance with such orders would require the commission of an illegal act. Interns to whom conflicting orders are issued will contact the Manager or Supervisor of the Unit/Section for which they are working or in his/her absence will contact the Deputy Director to resolve Crime Scene, Materials, and Human ID Branch conflicts or the Chief Toxicologist to resolve Evidence and Toxicology Branch conflicts.

**Personal Appearance**

Interns will maintain a neat, well-groomed appearance and will style hair and clothing consistent with established policy and procedures of the Forensic Sciences Division. Interns will dress in a professional manner depending on their assignments. Standard attire is business casual, and jeans are permitted as well. However, no open toed shoes are permitted in the laboratories. [It is understood that some assignments may require the wearing of more rugged clothing than others. It will be up to the discretion of the Manager/Supervisor of the unit to determine what is suitable.] Applicable personal protective equipment will be provided.

**Neglect of Duty**

Interns will be punctual in attendance to all requirements of duty, court appointments, and other assignments as agreed upon with FSD mentor. Interns will not, without proper authorization, leave their assigned work place during their shift. Interns will remain awake and alert while on duty. Interns will not read, play games, watch videos, or engage in any activity or personal business while on duty that would cause neglect or inattentiveness to that duty. Interns will act professionally at all times. The interns will make no unauthorized personal phone calls or have any unauthorized visitors while on duty.

**Conflicts of Interest/Incompatible Activities**

Interns will not engage in other activities or employment while interning at the Forensic Sciences Division that presents a conflict of interest or is incompatible with the mission of the Forensic Sciences Division. The determination of what presents a conflict or what is incompatible with the mission of the Forensic Sciences Division is at the sole discretion of the Forensic Sciences Division. Interns will advise their supervisors of any activities or other employment in which they plan to engage while interning at the Forensic Sciences Division. This provision is especially significant when interns plan to work or collaborate with other agencies within the criminal justice system.

**Miscellaneous Information**

Interns shall treat official business as confidential. Interns shall not criticize or ridicule the Maryland State Police (MSP) civilian personnel or troopers by speech or in writing. Interns will not report to the facility with any intoxicating beverages or controlled dangerous substances in their system or weapons in their possession. Interns will not operate MSP vehicles and while riding in MSP vehicles will utilize safety equipment. Interns will not engage in police activities. Interns are only to observe police activities and will follow the directions of their mentor as to where they are to remain during these activities.

**MARYLAND STATE POLICE**  
**FORENSIC SCIENCES DIVISION**  
Student Internship Program  
Check List

**Return to MSP-Forensic Sciences Division**

- MSP-FSD Student Internship Program Application (MSP Form 21-62)
- Authorization for Release of Information (MSP Form 81)  
*Must be notarized; MAIL ORIGINAL HARD COPY DOCUMENT*
- Copy of Current Driver's License (*or other form of ID, if license not available*)
- Copy of College Transcripts for any degree being pursued/completed (*unofficial or official*)
- Cover letter (include relevant work, class and volunteer experiences, your intentions, why we should select you, etc.) – *should not exceed one page*
- Curriculum Vitae/Resume
- One professional or academic letter of recommendation  
(*no family members or relatives!*)

**Please type application and mail or email all documents as one PDF attachment to [MSP.FSDinternship@maryland.gov](mailto:MSP.FSDinternship@maryland.gov) before the deadline.**

**To be Completed at Start of Internship –**

- Waiver of Claims, Release from Liability, Assumption of Risks, Indemnity Agreement
- Confidentiality Agreement / Usage of Maryland State Police Name and/or Forensic Sciences Division
  - ALL reports, papers, presentations, etc. resulting from the internship must first be approved by the supervisor, Section Manager, and FSD Director.
- Internship Contract Letter
- DNA Quality Control Database Acknowledgment and Consent:  
A buccal (mouth) DNA sample must be given prior to working in any of the laboratory areas, to include crime scene locations. Coordination of this collection will be made on your first day of reporting by your mentor.
- View Safety and Contamination Presentations

**MARYLAND STATE POLICE**  
**FORENSIC SCIENCES DIVISION**  
Student Internship Program  
Application

In order to be considered for an unpaid internship with the Maryland State Police, Forensic Sciences Division, please provide the information below. All applicants will be subject to a background check prior to commencing an internship. Please understand that internships are limited or may not be currently available.

**Contact Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Social Security #: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Address at time of application*

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Address where you will reside during internship(if different)*

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Forensic discipline of interest:** (Please rank only top 4: 1-highest interest, 4- lowest)

<input type="checkbox"/> Biology	<input type="checkbox"/> Crime Scene*	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Central Receiving	<input type="checkbox"/> Firearms/Toolmarks	<input type="checkbox"/> Trace Evidence
<input type="checkbox"/> Controlled Dangerous Substances	<input type="checkbox"/> Latent Prints/Impressions	<input type="checkbox"/> Question Documents
		<input type="checkbox"/> Quality Management

\*If interested in Crime Scene, please refer to link on FSD Internship website for “MSP Crime Scene Office map” to specify barrack(s):

Semester/Year for which you’re applying:

**Education and Training:** (attach transcript for any degrees obtained or currently obtaining)

Indicate highest level of education completed:

*Undergraduate* –  Sophomore  Junior  Senior *Graduate* –  1<sup>st</sup> year

College: \_\_\_\_\_ Major/ Program: \_\_\_\_\_

Month/Year Anticipated Graduation: \_\_\_\_\_

*(Note: This should reflect the date ALL degree requirements will be satisfied.)*

**MARYLAND STATE POLICE  
FORENSIC SCIENCES DIVISION  
Student Internship Program  
Application**

**General Questions:**

When would you be able to begin an internship? \_\_\_\_\_

How many hours per week (minimum is 4) will you be available? \_\_\_\_\_

Will your schedule be consistent each week? \_\_\_\_\_

Does your program require an internship?  Yes  No

If so, have you already completed this requirement elsewhere?  Yes  No

Have you applied for an internship with us previously?  Yes  No If yes, when? \_\_\_\_\_

Will you be obtaining college credit for this internship?  Yes  No If yes, what are the internship requirements (minimum hours, duties, etc)? \_\_\_\_\_

Do you plan to work elsewhere, including other internships, during the course of this internship?  
 Yes  No If yes, please list the names of the place(s) you plan to work: \_\_\_\_\_

**Professional References:**

Name:

Profession/Title:

Address:

Phone:

Email:

Name:

Profession/Title:

Address:

Phone:

Email:

**Emergency Contact:**

Name:

Relationship:

Phone:

I attest that the above information is true and accurate to the best of my knowledge. I understand that there will be a background investigation conducted as part of the screening process and give my consent to utilize this information by signing below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



MARYLAND STATE POLICE

Authorization for Release of Information



I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Maryland State Police, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resources material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; real or personal property records; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veterans' Administration, and all military and psychiatric facilities, and including medical records that the health care provider has received from another provider; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; internal affair investigations/reports; complaint, arrest, trial and/or conviction records for alleged or actual violations of law including criminal and/or traffic records; records of complaints of a civil nature made by or against me and including, not limited to the records and recollections of attorneys at law, or of other counsel who represent or have represented myself or another person in any case in which I presently have, or have had an interest.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of military record to release to the Maryland State Police, information or photocopies from my military personnel and related medical records, or only the following information/records \_\_\_\_\_. This could include a photocopy of my DD214, Report of Separation.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. Facsimile cover pages stating the name of a health care provider are considered part of this release form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. This authorization is valid for one year from the date of my signature.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_

Notary Public Certification

STATE OF MARYLAND COUNTY OF \_\_\_\_\_  
Personally appeared before me, a Notary Public, in and for said county and state, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the within named \_\_\_\_\_, known to me, or satisfactorily proven, to be the person whose name is subscribed to the within instrument and who acknowledges that he/she/they (strike one) executed the same for the purposes therein contained.

\_\_\_\_\_  
NOTARY PUBLIC

Official Seal  
Must be Affixed

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

My Commission Expires: \_\_\_\_\_