



OMAHA POLICE DEPARTMENT



C. O. P. S. CITIZENS IN OMAHA POLICE SERVICE COORDINATOR OF VOLUNTEERS MANUAL

POLICY, POSITION AND PURPOSE

POLICY:

It is the policy of the Omaha Police Department to work with and involve citizens within the Department when and where appropriate.

THE POSITION:

This position is responsible for coordinating the operations of the C. O. P. S. Program (Citizens in Omaha Police Service), including the Internship Program. This position will recruit volunteers and interns, organize their activities, provide planning, control and logistical support.

PURPOSE:

To establish policy and procedure for civilian volunteers and interns within the Omaha Police Department. This manual includes a step-by-step explanation on completing the various forms in order for the Coordinator of Volunteers to most effectively place the prospective volunteer.

RESPONSIBILITIES

The Coordinator of Volunteers is responsible for the overall coordination of the C. O. P. S. Program, including the Internship Program, of the Omaha Police Department by:

- Establishing basic procedures for a volunteer and internship program
- Overseeing the recruiting process for all volunteers and monitoring their assignments within the Department
- Overseeing the recruiting process for all interns, monitoring their assignments, forwarding evaluations and communicating with respective colleges
- Maintaining original volunteer and intern files containing appendix forms, background documentation, and related documents
- Maintaining a list of volunteer and intern task descriptions within the Department
- Requesting criminal background checks
- Being the Departments liaison with other community and City volunteer groups and programs
- Compiling program reports including, but not limited to, program budget, volunteer and intern statistics (record keeping, hours worked) and preparing management reports
- Coordinating recognition and special events for volunteer recognition including, but not limited to, Volunteer Recognition ceremony

VOLUNTEER RECRUITMENT AND PROCESSING

VOLUNTEER RECRUITMENT

Develop and maintain an up-dated volunteer information packet (requirements and eligibility).

Represent the C. O. P. S. Program to various organizations, corporations, churches, schools, associations, and groups in the Omaha community.

VOLUNTEER PROCESSING

Telephone and pre-screen prospective volunteers for initial interest before an application is completed.

An application, Volunteer\Intern Agreement, Volunteer\Intern Statement of Confidentiality and Waiver forms, Emergency Data Form, Application for OPD Security Pass, and two (2) employer and criminal history release forms must be completed.

Interviews with applicant's current employer and at least two (2) references must be conducted using requisite questionnaires. Applicant release forms and employer and reference interviews must be sent to Backgrounds for review.

Upon clearance by Backgrounds, an applicant must be interviewed for the best placement.

INTERN RECRUITMENT AND PROCESSING

INTERN RECRUITMENT

Develop and maintain an up-dated intern information packet (requirements and eligibility).

Represent the Internship Program to various schools, organizations and the Omaha community.

INTERN PROCESSING

Conduct communications with schools utilizing the Internship Program within the Omaha Police Department.

A cover letter, completed application, Volunteer\Intern Agreement, Volunteer\Intern Statement of Confidentiality and Waiver forms, Emergency Data Form, Application for OPD Security Pass, two (2) employer and criminal history release forms, Personal History Statement, a resume, at least one letter of recommendation from a faculty advisor or professor and official transcript(s) of all college work must be submitted. All material must be reviewed for the best placement of the Intern.

CRIMINAL HISTORY CHECK

The criminal history check must include a local, driving, NCIC, NCIS and CCH reports.

The Coordinator of Volunteers will request a local, driving, NCIC and an NCIS criminal check by completing a "Query/Log Form For Requesting III Criminal History Records" form, for the CCH check, and sending it to the Data Review Unit. The Coordinator of Volunteers will review the criminal history of each applicant and use the Acceptance Guidelines on the next page for applicant acceptance.

The CCH report will be kept in an active volunteer's file and yearly criminal checks will be performed on active volunteers.

The supervisor will be consulted for those applicants who have a questionable criminal history before acceptance into the C. O. P. S. and Internship Programs.

ACCEPTANCE GUIDELINES

Applicant without Psychiatric Problems, Drug or Alcohol treatment, counseling or use and Criminal History:

If the prospective applicant shows genuine interest and dedication to be a volunteer and does not have a history of treatment, counseling or use of any of the following:

Psychiatric Problems
Drug Use
Alcohol Use

and has an acceptable criminal history, the prospective applicant will be given consideration for volunteerism in any of the available units of the Omaha Police Department.

Applicant with a history of Psychiatric Problems, Drug or Alcohol use:

If the prospective applicant has any history of psychiatric problems, drug or alcohol use, the applicants records will be reviewed in depth and evaluated as follows:

- Applicants will not be accepted if they are currently being treated or counseled for drug, alcohol or psychiatric problems except as noted in the next paragraph.
- Applicants that have had drug, alcohol or psychiatric problems, treatment, use or counseling in the past will be considered depending upon the reason for the use, treatment, or counseling and how recent the occurrence.

Applicants employer, other locations where they volunteer or other individuals with knowledge of applicant may be contacted.

Applicant with Criminal History offenses:

Applicants having a criminal history with a felony or serious misdemeanor offenses will not be accepted as a volunteer in the Omaha Police Department. Reasons for denying an application include, but are not limited to:

- Conviction of a felony and/or serious misdemeanor
- Conviction of an illegal narcotic drug offense
- Conviction of two or more alcohol-related offenses
- Conviction or violation of domestic abuse or child abuse laws
- Conviction on any charge involving an offense committed against the welfare of a juvenile
- Conviction involving moral turpitude
- Conviction of any theft offense

Applicant with Criminal History and no conviction:

Applicant having a criminal history without a felony or serious misdemeanor conviction will be considered on a case by case evaluation. Criminal reports will be reviewed with the acceptance or denial of application to be

based on the disposition, severity, nature, and time lapsed since the offense or problem. Employers and other individuals with knowledge of the applicant may be contacted.

National criminal history check will be performed by Backgrounds on all applicants.

PLACEMENT

A suitable position will be determined for the applicant, upon approval, according to:

- Job skills
- Department needs
- Volunteer's interests
- Hours of availability
- Location of assignments

The applicant will then be recommended to a unit supervisor for unit approval. Notification of applicant acceptance or rejection by the unit will be forwarded to the Coordinator of Volunteers.

ISSUANCE OF IDENTIFICATION PASSES, PARKING PERMITS AND IDENTIFICATION TOUCH CHIPS

Issuance of identification passes, serial numbers, parking permits, and identification touch chips for all volunteers and interns in every unit is recommended as follows:

The Coordinator of Volunteers will issue parking permits, arrange for an identification photo, issue identification passes, identification touch chips, and parking permits and arrange for fingerprinting, if applicable.

The Application for OPD Security Pass will be completed.

HANDICAP PARKING PATROL

Volunteers for the Handicap Parking Patrol will be recruited and processed as per “Volunteer Recruitment and Processing”, “Criminal History Check” and “Acceptance Guidelines” sections in this manual.



Handicap Parking Patrol volunteers will be assigned a serial number and issued an identification badge upon completion of a Handicap Parking training class. Identification touch chips and parking permits will not be issued to members of the Patrol.

CHAPLAINS CORPS

The Chaplains Corps volunteers will be referred to, or recruited by, the Coordinator of Volunteers and processed as per “Volunteer Recruitment and Processing”; “Criminal History Check” and “Acceptance Guidelines” sections in this manual.

Upon approval of the application and criminal history check, the volunteer will be referred to the OPD Liaison and Senior Chaplain of the Chaplains Corps for further processing.

INTERN AND/OR VOLUNTEER SUPERVISION AND EVALUATION

Once an intern or volunteer is assigned to a unit, the Unit Supervisor is responsible for supervision and evaluation.

Dismissals can occur as a result of information received from the Unit Supervisor. The Coordinator of Volunteers will gather and organize the supporting documentation for the volunteer and intern personnel files.



APPENDIX A

VOLUNTEER APPLICATION



OMAHA POLICE DEPARTMENT



Volunteer Application

Today's Date _____

Name _____
Last First Middle

Maiden / Other Names _____

Current Residence Phone _____ Business Phone _____

Cell phone _____ E-mail Address _____

Date of Birth _____ Birth State _____

Social Security No. _____ Driver's License No. / State _____

US Citizenship ___Yes ___No. If No, Citizen of which country _____ US Visa Classification _____

List all the addresses where you have lived in the past five (5) years, beginning with your present address and list backward. Attached additional sheets if necessary.

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

Address, City, State, Zip Code	Date From		Date To	
	Month	Year	Month	Year

SKILLS / EDUCATION

What skills/education do you possess? _____

Do you speak or read a foreign language? _____ Which one(s)? _____

CRIMINAL HISTORY

Have you been convicted of a felony or misdemeanor crime? Yes () No () If yes, explain on page 4.

EMPLOYMENT HISTORY

List all employment you have had over the past ten (10) years, beginning with the most recent. Include military, full and part-time employment and all periods of employment. Attach additional sheets if necessary.

Business Name				
Address, City, State, Zip Code				Phone
From: Month	Year	Position Held		Supervisor
To: Month	Year	Duties		Co-Worker
Reason For Leaving Employment (Explain)				
Fired	Quit	Laid-Off	Asked to leave	[Circle One]

Business Name				
Address, City, State, Zip Code				Phone
From: Month	Year	Position Held		Supervisor
To: Month	Year	Duties		Co-Worker
Reason For Leaving Employment (Explain)				
Fired	Quit	Laid-Off	Asked to leave	[Circle One]

Business Name				
Address, City, State, Zip Code				Phone
From: Month	Year	Position Held		Supervisor
To: Month	Year	Duties		Co-Worker
Reason For Leaving Employment (Explain)				
Fired	Quit	Laid-Off	Asked to leave	[Circle One]

PERSONAL REFERENCES

List only persons you have known for at least six (6) months. Do not list relatives, former employers, teachers or physicians.

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone

Name: Last/First/Middle	Home Address, City, State, Zip Code	Home Telephone
Business Name	Business Address, City, State, Zip Code	Business Telephone

DOMESTIC VIOLENCE

Have you ever been convicted of any type of crime involving domestic violence? Yes () No ()

Have you ever committed an act of domestic violence? Yes () No () If yes explain on page 4.

Have you ever been involved in a child abuse or child neglect investigation of any kind?
Yes () No () If yes explain on page 4.

Have you ever been a victim of a domestic disturbance? Yes () No () If yes explain on page 4.

Have you ever had a Protection Order sworn out against you? Yes () No (). Explain on page 4.

Have you ever sworn out a Protection Order on any one else? Yes () No () Explain on page 4.

Additional Questions:

Have you used marijuana, illegal drugs, or abused prescription drugs? Yes ____ No ____
If yes, name the substance, the frequency of use, and period of uses on page 4

Have you ever bought, sold, distributed, manufactured or abused illegal drugs? Yes ____ No ____
If yes, name the substance, the frequency of use, and period of uses on page 4

Since the age of sixteen, have you ever pilfered money or property from an employer or stolen money or property from someone else? Yes ____ No ____
If yes, explain the circumstances, item or amount, and when on page 4.

How were you referred to the Omaha Police Department Volunteer Program? _____

Have you ever been employed or volunteered with the City of Omaha Yes () No () . If yes, which Department and when? _____

Have you or are you currently receiving treatment/counseling for psychiatric problems? Yes () No ()
If yes, list when, where, and why. _____

CERTIFICATION STATEMENT

I certify that all of the above questions have been answered to the best of my knowledge, and I understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination from volunteering. **I understand before being accepted into this program a criminal history check, personal history check, reference check and personal interview will be conducted.**

(Date)

(Signature)

When Using This Additional Space Page Note The Specific Section

OFFICIAL USE ONLY

Date Started _____ Date Ended _____

APPENDIX B

VOLUNTEER FORMS



OMAHA POLICE DEPARTMENT



VOLUNTEER/INTERN AGREEMENT

I, _____, request to serve as a Volunteer/Intern with the Omaha Police Department.

As a Volunteer/Intern, I agree to:

- Perform the tasks outlined in my task description to the best of my ability.
- Attend any training offered that will enhance my performance within the Department.
- Report to work on time when scheduled, and to call my supervisor if I am unable to report.
- Comply with and follow the same rules and policies as required of all Omaha Police Department employees.
- Refrain from using my Volunteer/Intern position to attempt to influence anyone in any manner.
- Strive to help the Department obtain its goals and objectives.
- Notify my supervisor and the Coordinator of Volunteers upon terminating my involvement with the program, and participate in an exit interview/evaluation. I will relinquish to the Coordinator of Volunteers any and all items or equipment issued to me including, but not limited to, an identification pass, identification chip, parking permit, ticket book and camera at the time of voluntary or involuntary termination.
- Notify the supervisor or Coordinator of Volunteers of any arrest or citation for any traffic, misdemeanor or felony charge.
- I am aware that my Volunteer/Intern status may be terminated at any time for failing to follow the rules, procedures, and terms of this agreement.

I have read and understand all the conditions of this agreement.

Volunteers' Signature _____ Date _____

Coordinator of Volunteers _____ Date _____

OPD FORM 112A (11/96)



OMAHA POLICE DEPARTMENT



VOLUNTEER/INTERN STATEMENT OF CONFIDENTIALITY AND WAIVER FORM

I understand that any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my Volunteer/Intern status. In addition, I authorize and request former employers, schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked and do here withhold such persons harmless for giving any information within their knowledge or record.

As a condition of acceptance as an Volunteer/Intern, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.

I understand that I do not have the right to continue my status or utilize appeal rights as a Volunteer/Intern if terminated. Also, I understand that I am not an employee of the City of Omaha or any department thereof, and am not eligible for any remuneration or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Volunteer/Intern with the Omaha Police Department, I will hold all names and information regarding the Department in the strictest confidence. Further, I understand that intentional or involuntary disclosure of confidential information to unauthorized sources may result in my termination as a Volunteer.

I further agree to release the City of Omaha, Nebraska, its departments, and employees from accountability for any accident, injury, or other liability incurred or suffered by me while carrying out the duties of a Volunteer.

Volunteer's/Intern's Signature _____ Date _____

Coordinator of Volunteers _____ Date _____

OPD FORM 112B (11/96)



Omaha Police Department EMPLOYEE EMERGENCY DATA SHEET



Date _____ Name _____
(Last/First/MI)

Job Classification Volunteer/Student Intern Serial No. NA DOB _____

Res. Address _____ Res. Telephone No. _____

City _____ State _____ Zip Code _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Primary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____ Pager No. _____ Other _____

Secondary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____ Pager No. _____ Other _____

YOUR PHYSICIAN INFORMATION

Name _____

Address _____ City _____ State _____

Phone Numbers: Business _____ Residence _____ Emergency _____

Are you Allergic to any Drugs? No Yes (specify) _____

ANY ADDITIONAL INFORMATION YOU WISH TO SUPPLY SO EMERGENCY CARE CAN BE OBTAINED FOR YOU QUICKLY, IF NEEDED, PLEASE MAKE NOTATION IN THIS SPACE

Application for OPD Security Pass
Employer Release Form
Criminal History Release Form

APPENDIX C

INTERN AND/OR VOLUNTEER TIME SHEET



OMAHA POLICE DEPARTMENT INTERN AND/OR VOLUNTEER DAILY TIME SHEET



Name _____

Month _____

Serial Number _____

Unit _____

Date	Time In	Time Out	Total Time	No. of Citations Written
Totals For The Month				
Unit Supervisor's Signature				Serial Number

Please complete and return to the Volunteer/Intern Coordinator at the end of each month
OPD FORM 112C (11//96)

APPENDIX D

INTERN APPLICATION



OMAHA POLICE DEPARTMENT APPLICATION FOR INTERNSHIP

**Student Information**

Today's date: _____

Name _____
Last First Middle Name

Social Security No _____ Date of Birth _____

Current Address _____

City/State/Zip _____

Date Through Which Current Address Is Valid _____

Permanent Address _____ Permanent phone _____

City/State/Zip _____

Current Phone _____ Cell Phone _____ E-mail _____

Academic Year In School _____ Major _____ GPA _____

Term Applying For (Check One) _____ Fall _____ Winter _____ Spring _____ Summer

Were you referred to the Police Department? Yes No

If so, by whom? _____ Total hours required for internship _____

US Citizenship: ___ Yes ___ No. If No, Citizen of which country _____ US Visa Classification _____

Criminal History and TreatmentHave you been arrested for or convicted of a felony or misdemeanor crime? Yes No Have you received treatment/counseling for psychiatric problems? Yes No

If yes to any of the above, list when, where and why. _____

Areas Of Interest

I Am Interested In The Following Units For An Internship:

(1) _____

(2) _____

(3) _____

OPD Form 112F (03/02)

Academic Institution Information

College/University _____

Faculty Advisor _____ Telephone _____

School Address _____

Internship Placement Information (use an additional sheet if necessary)

Please describe the type of internship placement that you would enjoy and why.

What skills and abilities would you bring to this internship?

Applicant Certifications

I certify that the above information to be correct. I further certify that I am enrolled in a four year degree program at an accredited four year university or college and have a Junior or Senior standing, or that I am enrolled in a two year degree program and have completed two thirds (2/3) of required credits toward a degree at an accredited two year university or college. I also certify that I currently have a 2.5 or higher GPA on a 4.0 scale and that I meet all requirements. I understand that I must be enrolled (through my university or college) in an internship or independent study class offering to be accepted as an intern with the Police Department. I further understand that prior to my acceptance into the internship program I must pass criminal and personal background checks for security risks to the Omaha Police Department. I also understand a personal interview is required as part of the application process.

Signature of Applicant _____ Date _____

Signature of Faculty Advisor _____ Date _____

A completed application consists of the following:

- A cover letter
- Professional Resume
- Application For Internship
- Volunteer/Intern Agreement
- Volunteer/Intern Statement of Confidentiality and Waiver Form
- Emergency Data Sheet
- Ride-Along Release
- Security Pass Application
- Two release forms
- Personal History Statement
- Official transcript(s) of all college work
- At least one letter of recommendation from a faculty advisor or professor

Send the completed application to;

Coordinator of Volunteers and Student Interns
Omaha Police Department
505 South 15th Street
Omaha, NE 68102

For Official Use Only:

Local Check _____ Driving _____ NCIS _____ NCIC _____
Criminal History _____ Date _____ Name _____



**OMAHA POLICE DEPARTMENT
RIDE-ALONG
RELEASE, INDEMNITY AGREEMENT AND COVENANT NOT TO
SUE**



I/We certify that the below information is correct and acknowledge by my/our signature(s) below that I/we agree to the following:

I/We desire to obtain information relative to the operation of the Omaha Police Department by being a participant in an Omaha Police Department vehicle as a part of the City of Omaha Police Department's "Ride-Along Program." I/We fully understand that by participating in this Program, the participant may be exposed to conditions and situations of a hazardous nature.

For the sole consideration of being permitted to participate in the "Ride-Along Program" the sufficiency of this consideration being hereby acknowledged, I/we do hereby covenant and undertake with my/our heirs, guardians, executors and administrators, to forever refrain and desist from instituting or asserting against the City of Omaha (Omaha Police Department), its authorized agents, representatives, or personnel, any claim, demand, action or suit of whatever kind or nature, either directly, or indirectly, for injuries or damages to person or property which may result from participation in the "Ride-Along Program."

It is understood and agreed that as against the City of Omaha (Omaha Police Department) and its authorized agents, representatives, or personnel, this agreement may be pled as a counterclaim or as a defense in bar or abatement to any action of any kind whatsoever brought, instituted, or taken by or on behalf of myself/ourselves on account of any alleged claim or claims against the City of Omaha (Omaha Police Department) or its authorized agents, representatives, or personnel.

I/We do hereby expressly stipulate and agree to indemnify and hold harmless the City of Omaha (Omaha Police Department) and its authorized agents, representatives, or personnel against any loss, including costs and fees on account of any action which may be brought against them by me/us or any person in my/our behalf for the purpose of enforcing any claim for damages arising out of participation in the "Ride-Along Program."

I/We further expressly understand and agree that the participant will: (1) Abide by the orders of the police officers whom the participant accompanies; (2) Refrain from interfering with the police officers while in the pursuance of their official duties as police officers; (3) Refrain from participating with the police officers while in the pursuance of their official duties as police officers.

I/We further agree to protect and save harmless the City of Omaha, (Omaha Police Department, its agents, representatives, or personnel from any loss, damage, or expense on account of claims, liabilities, damages or injuries which may be sustained by any person or property arising directly or indirectly from any of my/our actions.

I/WE HAVE CAREFULLY READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND ITS PROVISIONS.

To be completed by the parent or guardian of a participant under 19 years of age.		To be completed by participant.	
Relationship to Minor Participant		Signature	DOB (MO/Day/Year)
Signature	Date (MO/Day/Year)	Address	
Address		City/State/Zip	
City/State/Zip		Telephone	Date (MO/Day/Year)
Witness Signature		Address/City/State/Zip	Date (MO/Day/Year)
Officer Signature/Serial Number		Approved By (Commanding Officer/Serial Number)	Date (MO/Day/Year)

INTERN EVALUATION

The Omaha Police Department, in an endeavor to work as community partners with colleges and universities, has instituted the Student Internship Program where students and OPD will benefit from shared experiences. During the assignment of an intern, OPD supervisors will evaluate the progress of the student for the colleges and universities.

The Intern Evaluation Form used, on the following pages, is completed by the supervisor in charge of the intern and forwarded to the Coordinator of Volunteers.

INTERN UNIT EVALUATION

Interns are encouraged to evaluate the OPD unit to which they are assigned greater than eight (8) hours. The accompanying forms are forwarded to the Coordinator of Volunteers who sends a copy of the evaluation to the overall unit supervisor for dissemination as appropriate.

INTERNSHIP PROGRAM EVALUATION

The Omaha Police Department is committed to developing partnerships within our community. At the end of the Interns assignment with OPD, an exit interview with the Coordinator of Volunteers will be conducted. From this evaluation, OPD can continue that commitment.

The Internship Program Evaluation form used, on the following pages, is completed by the intern and reviewed with the Coordinator of Volunteers in the Exit Interview.

EVALUATE



OMAHA POLICE DEPARTMENT

INTERN EVALUATION FORM



Circle Semester & Complete Year: Fall Winter Spring Summer Year _____

Name _____ Supervisor _____

Assignment _____ Bureau/Unit _____

Faculty Advisor _____ Address _____

Please use the following scale to interpret the student's performance in each of the following areas listed below. In addition, please make any comments in the space provided.

- (5) **EXCELLENT:** Performance of this trait is well above the normal expectations for an intern in this unit/bureau.
- (4) **VERY GOOD:** Performance of this trait is consistently above the normal expected level of competence.
- (3) **AVERAGE:** Performance of this trait is at the normal expected level of competence.
- (2) **NEEDS IMPROVEMENT:** Performance of this trait needs additional development and attention to become consistently satisfactory.
- (1) **POOR:** Performance is below the minimum acceptable level on this unit/bureau's job standard.

A. _____ Ability to learn responsibilities and job duties.

Comments _____

B. _____ Ability to be dependable with respect to the schedule, training, etc.

Comments _____

C. _____ Quality of work (phones, public contacts, other professionals, etc.).

Comments _____

D. _____ Quality of written work (documentation, reports, meeting notes, etc.).

Comments _____

E. _____ Professionalism (with peers, supervisors, other volunteers/interns, others).

Comments _____

F. _____ Integration of educational knowledge with practical application of the internship.

Comments _____

G. _____ Attitude and initiative.

Comments _____

H. _____ Ability to make decisions and judgments when problems arise.

Comments _____

Completed Internship: **Satisfactorily** **Unsatisfactorily**

If you were to write a job recommendation for this student, what strengths would you mention?

In what areas could this student improve?

Signature of Supervisor/Serial No. _____ Date _____

OMAHA POLICE DEPARTMENT UNIT EVALUATION

Intern name _____

Signature of intern _____

Unit assigned _____

Date(s) assigned _____

On the last day of rotation through an OPD unit, circle the most appropriate rating for each question. Upon completion, please return this form to the Coordinator of Volunteers/Interns office (Room 331). **Thank you for your participation in evaluating the OPD Intern Program**

1. The internship rotation through this unit was a positive educational experience.

Poor 1	Needs Improvement 2	Average 3	Good 4	Excellent 5	Not Applicable X
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2. The work performed while assigned to this unit was worthwhile and challenging.

Poor 1	Needs Improvement 2	Average 3	Good 4	Excellent 5	Not Applicable X
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3. While assigned to this unit I developed skills that will be helpful in the future.

Poor 1	Needs Improvement 2	Average 3	Good 4	Excellent 5	Not Applicable X
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4. I feel that while assigned to this unit my ability to professionally interact with others was encouraged.

Poor 1	Needs Improvement 2	Average 3	Good 4	Excellent 5	Not Applicable X
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5. While assigned to this unit I feel the knowledge gained could not have been learned in a classroom.

Poor 1	Needs Improvement 2	Average 3	Good 4	Excellent 5	Not Applicable X
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6. My supervisor was accessible when I needed him/her.

Poor 1	Needs Improvement 2	Average 3	Good 4	Excellent 5	Not Applicable X
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7. My supervisor made me feel like a professional during my rotation.

Poor 1	Needs Improvement 2	Average 3	Good 4	Excellent 5	Not Applicable X
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8. This internship rotation fulfilled my personal expectations.

Poor 1	Needs Improvement 2	Average 3	Good 4	Excellent 5	Not Applicable X
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9. I recommend students continue to rotate through this unit in future internships.

Poor 1	Needs Improvement 2	Average 3	Good 4	Excellent 5	Not Applicable X
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What I liked MOST about my experience with this unit:

1. _____
2. _____

What I liked LEAST about my experience with this unit:

1. _____
2. _____



OMAHA POLICE DEPARTMENT

INTERNSHIP PROGRAM EVALUATION



TO BE COMPLETED FOR EXIT INTERVIEW WITH COORDINATOR OF VOLUNTEERS

Check One: ___ Fall ___ Winter ___ Spring ___ Summer Year: _____

Name: _____ Supervisor: _____

Assignment: _____ Bureau/Unit: _____

Please evaluate the Omaha Police Department Internship Program in the specified areas given the following scale and make any additional comments in the space provided:

- | | | |
|-------------------|-------------|----------------------------|
| 1. Strongly Agree | 3. Neutral | 5. Strongly Disagree |
| 2. Agree | 4. Disagree | 6. No Basis for Evaluation |

My college training made me feel prepared for the internship.	1	2	3	4	5	6
Comments:						

This internship fulfilled my expectations.	1	2	3	4	5	6
Comments:						

The work performed during the internship was worthwhile.	1	2	3	4	5	6
Comments:						

The work performed during the internship was challenging.	1	2	3	4	5	6
Comments:						

My supervisor was easily accessible to me when I needed him/her.	1	2	3	4	5	6
Comments:						

My supervisor made me feel like a professional during the internship.	1	2	3	4	5	6
Comments:						

I developed skills that will be helpful in the future. 1 2 3 4 5 6
Comments:

I feel that my ability to professionally interact with others has increased. 1 2 3 4 5 6
Comments:

I feel the knowledge gained through this internship could not have been learned in a comparable time period in the classroom. 1 2 3 4 5 6
Comments:

I would say that the benefits of this internship outweigh the costs (time, money, etc.). 1 2 3 4 5 6
Comments:

This internship has been a positive educational experience. 1 2 3 4 5 6
Comments:

I would recommend this internship program to another student. 1 2 3 4 5 6
Comments:

What I liked MOST about the internship:
1. _____
2. _____
3. _____

What I liked LEAST about the internship:
1. _____
2. _____
3. _____

Please make any additional comments about the internship program and any suggestions for improvement: