**MONROE COUNTY PENNSYLVANIA**

**OFFICE OF THE DISTRICT ATTORNEY**

**DETECTIVE DIVISION**

**STUDENT INTERN PROGRAM**

**AGREEMENT**

I,       have received copies of the following documents:

1. **Intern Policy** – Detective Unit, Office of the District Attorney – Monroe County PA;
2. **Confidentiality Agreement**;
3. **Limitation of Liability** agreement.
* I have read the **Intern Policy** (item 1). I *understand* and *agree* with its content.
* I have read the **Confidentiality Agreement** (item 2). I *understand* and *agree* with its content.
* I have read the **Liability agreement** (item 3). I *understand* and *agree* with its content.

I understand that a criminal, civil and driver record background check has been completed on me by this office. I will immediately notify my contact with this office should any changes in my criminal, civil or driving record status occurs.

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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_: |