



BRIAN M. CHISM  
SHERIFF

# Office of the Sheriff

BRUNSWICK COUNTY, NORTH CAROLINA

BOLIVIA 910-253-2777  
NC 800-672-6379  
FAX 910-253-2705

## **Job Shadow with BCSO**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Best Contact Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent(s) Name/Legal Guardian: \_\_\_\_\_

Parent(s)/Legal Guardian Contact Number: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Teacher/Professor Contact Name and Email Address:

\_\_\_\_\_

Please tell us your area(s) of interest: \_\_\_\_\_

(This will help us with where you will be placed)

\_\_\_\_\_

Signature

Date

Initials: \_\_\_\_\_



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STATE OF NORTH CAROLINA

COUNTY OF BRUNSWICK

## CONFIDENTIALITY AGREEMENT

It is understood and agreed to that the Brunswick County Sheriff's Office, hereafter "Discloser" and the undersigned Intern, hereafter "Recipient" would like to exchange certain information that may be considered confidential. To ensure the protection of such information and in consideration of the agreement to exchange said information, the parties agree as follows:

1. The confidential information to be disclosed by Discloser under this Confidentiality Agreement ("Agreement") can be described as and includes:
  - a. All investigative materials and information, including but not limited to reports, notes, interviews, photographs, audio recordings, video recordings, summaries, test results, logs, evidence information, suspect information, and any and all other information that may be disclosed to Recipient, regardless of whether such information is designated as confidential information at the time of its disclosure.
  - b. In addition to the above, confidential information shall also include, and the Recipient shall have a duty to protect information regarding other unrelated investigations being conducted by the Brunswick County Sheriff's Office which is (a) disclosed by Discloser to Recipient; and/or (b) disclosed to Recipient in any other manner while Recipient is acting in the capacity of an intern.
2. Recipient shall not disclose information to any third party (whether an individual, corporation, or other entity) without the prior written consent of Discloser.
3. Recipient shall not charge or receive any compensation to provide consultation services or testimony as an expert witness in any proceeding involving materials or information disclosed to Discloser.
4. Discloser warrants that he/she has the right to make the disclosures under this Agreement.
5. If there is a breach or threatened breach of any provision of this Agreement, it is agreed and understood that Discloser shall have no adequate remedy in money or other damages and accordingly shall be entitled to injunctive relief; provided however, no specification in this Agreement of any particular remedy shall be construed as a waiver or prohibition of any other remedies in the event of a breach or threatened breach of this Agreement.

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Initials: \_\_\_\_\_

POST OFFICE BOX 9 / 70 STAMP ACT DRIVE / BOLIVIA, NORTH CAROLINA 28422



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6. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

**WHEREFORE**, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

**Recipient of Confidential Information:**

Name (Print or Type): \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Discloser of Confidential Information:**

Name: Brian M. Chism  
Agency: Brunswick County Sheriff's Office  
Title: Sheriff of Brunswick  
County Address: 70 Stamp Act Drive  
City, State & Zip: Bolivia, NC 28422

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_



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## Waiver, Release, Consent, Assumption of Risk and Covenant Not to Sue

Notice to persons signing this document and agreeing to its terms. This form is an important legal document. It affects your legal rights and prevents you or anyone on your behalf from bringing any suit or otherwise seeking payment for any injuries or death which may arise out of or as a consequence of your participation in this activity or program or otherwise. It is important that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided.

### Waiver, Release, Consent, Assumption of Risk and Covenant Not to Sue

Print name: \_\_\_\_\_, voluntarily agrees to participate in a program and/or activity under the auspices of the Office of the Sheriff of Brunswick County, North Carolina, and each person signing below voluntarily agrees to the terms and intent of this Waiver, Release, Consent, and Covenant Not to Sue. The Participant will be riding in a Brunswick County Sheriff's Office vehicle or watercraft and otherwise accompanying a sworn law enforcement officer who is engaged in law enforcement activities. The persons signing below understand that law enforcement is a dangerous task and that participation in this program is voluntary, and the participant and the participants parents or legal guardians assume any and all risks inherent with accompanying a law enforcement officer in the performance of his/her duties.

The persons signing below understand that the dangers participant may be exposed to include, but are not limited to: diseases such as Tuberculosis, AIDS, HIV, Hepatitis B and other blood borne or airborne diseases; intoxicated persons; violent persons; mentally unstable persons, person who may have dangerous weapons such as firearms, knives, hypodermic needles and other dangerous weapons. The persons signing below further understand that due to the nature of law enforcement activities, participant may be exposed to mature topics and language that may be offensive or otherwise considered unsuitable for children.

The persons signing below understand that participant's safety cannot be guaranteed during participation in this activity. The persons signing below also recognize that the operation of a motor vehicle or a watercraft is inherently dangerous and that the operation of a law enforcement vehicle or watercraft may be more dangerous because of emergency responses.

The persons signing below understand that the program or activity involves inherent danger and may result in harm or injuries, both known and unknown, and which may be foreseeable or not readily foreseeable. Understanding such risks, even those not fully known or knowable, and in consideration of the Office of the Sheriff's agreement to allow such participation in the program or activity, each person signing below does forever release and discharge and shall hold harmless the Sheriff of Brunswick County, and the deputies, agents, heirs, assigns, contractors, employees, and elected officials of the Office of the Sheriff and/or Brunswick County from any and all claims, demands, damages,

rights of action or causes of action, present or future, known or unknown, arising out of or in any manner connected with participation in this or any such program or activity and of any kind, nature, or extent, including, but not limited to, any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OR IN ANY MANNER CONNECTED WITH THE PROGRAM OR ACTIVITY.

Each participant and/or person signing this release, waiver, consent, and covenant not to sue, acknowledges that each has thoroughly read this document and fully understands that it is, among other things, a release and waiver of liability,

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and assumption of the risk, and a waiver of any right to sue or otherwise to assert any claim for recovery of damages or monies for any harm or injury. By signing this document, each participant and/or each person signing below is waiving any right that he or she or any of his or her successors, agents, heirs, or assigns might have to bring a legal action or assert a claim of any kind against the County of Brunswick, the Sheriff, any deputies, employees, elected officials or others referred to in this document for any negligence, gross negligence, or conduct causing harm.

Participant's Printed Name	Participant's Signature	Date
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State of North Carolina  
County of Brunswick

I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County,  
certify that \_\_\_\_\_, the participant named above personally  
appeared before me this day and acknowledged the execution of the foregoing document for the purposes expressed  
therein.

Witness my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Public

\_\_\_\_\_  
Notary

My Commission expires: \_\_\_\_\_

(Seal)

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Initials: \_\_\_\_\_



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State of North Carolina  
County of Brunswick

I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County,  
certify that \_\_\_\_\_, the parent/guardian of the above named  
participant personally appeared before me this day and acknowledged the execution of the foregoing document for the  
purposes expressed therein.

Witness my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Public \_\_\_\_\_ Notary

My Commission expires: \_\_\_\_\_

Initials: \_\_\_\_\_