

Rochester Police Department Volunteer Application, RPD 1323

NOTE: To apply for an internship with the Rochester Police Department, please use the application located at www.cityofrochester.gov/internships.

- Applying to volunteer for the following position(s):
- Rochester Animal Services
 - PAC-TAC (Police and Citizens Together Against Crime)
 - Clergy Response Team
 - Chaplaincy Program

Name: _____
First M.I. Last Maiden

Date of Birth: _____ Male Female

Current Address: _____
Street City State Zip Code How long at this address?

Permanent Address: _____
Street City State Zip Code How long at this address?

Previous Address(es) for last 5 years: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address *(indicate only if accessed regularly)*: _____

In case of emergency please notify:

Name Relationship Phone #

Type of transportation you will use: _____

EDUCATION BACKGROUND:

School Attended(ing): _____ Major: _____
(if applicable)

Minor: _____ Date diploma received or expected: _____
(if applicable)

MILITARY SERVICE:

Branch: _____ Rank: _____ Time Served: _____ Discharged: _____

EMPLOYMENT HISTORY:

Employer: _____ Occupation: _____ How Long: _____

Business Address: _____ Phone #: _____

Previous Employment (Please include firm name, address, supervisor and dates):

VOLUNTEER BACKGROUND: Previous Volunteer Services (include organizations and dates):

SKILLS:

Indicate clerical, computer (be specific), working with youth, communication-verbal, written, etc.:

BRIEFLY state why you would like to volunteer with the Rochester Police Department, and what you hope to gain from the experience. _____

REFERENCES (Two should be work or school related. No relatives.):

	<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SPECIAL LIMITATIONS AND CONDITIONS: _____

AVAILABILITY (list time of day):

Monday: _____	Thursday: _____
Tuesday: _____	Friday: _____
Wednesday: _____	Saturday: _____
	Sunday: _____

- ❖ I certify that the above information is correct to the best of my knowledge.
- ❖ I understand that a criminal background check will be performed on all volunteers.
- ❖ I understand that I may be terminated if the Department becomes aware of criminal history while I am volunteering.
- ❖ I understand the commitment involved and acknowledge that my services are offered at my own risk.
- ❖ I agree to adhere to the volunteer policies, and carry out my duties as a volunteer effectively.
- ❖ I understand that my participation in this program does not make me an employee of the City of Rochester, and I release the City of Rochester, its officers, agents, employees and any third party organization from any and all liability for any claims of injury or damage of any kind whatsoever, as a result of my participation as a volunteer.
- ❖ I understand that I am not entitled to any benefits of employment, including workmen's compensation.
- ❖ **I will maintain confidentiality of police information.**
- ❖ **I will not represent myself as an employee of the Rochester Police Department.**

Signed: _____ **Date:** _____

And (if under 16):

- ❖ ***I understand the above terms and give permission for my child to volunteer with the Rochester Police Department.***

Parent Signature: _____ **Date:** _____

The Rochester Animal Services recommends that volunteers be current on their Tetanus Vaccination.

Return to: RPD Volunteer Coordination
 Rochester Police Department
 Professional Development Section
 185 Exchange Boulevard
 Rochester, NY 14614

For office use only

Record check by: _____ Date: _____

Date of training or orientation: _____

ASSIGNED TO:

Section/Unit: _____ Supervisor: _____

Starting Date: _____ Ending Date: _____

Days: _____ Times: _____