

# 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/urbanfellows](http://www.cityofrochester.gov/urbanfellows).**

- 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

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*For office use only*

Record check by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of training or orientation: \_\_\_\_\_

**ASSIGNED TO:**

Section/Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Days: \_\_\_\_\_ Times: \_\_\_\_\_