

**Rochester Police Department  
Volunteer/Student Intern Application, RPD 1323**

**POSITION APPLYING FOR:**

VOLUNTEER

STUDENT INTERNSHIP

- Administrative
- Friendly Visitor to Animals (min 12-15 yrs require parental supervision)
- CVRT (Community Volunteer Response Team)
- PAC-TAC (Police and Citizens Together Against Crime)
- Other

Name: \_\_\_\_\_  
first mi last maiden

Date of Birth: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ 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 (Last 5 years):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Pager or Cell Phone #: \_\_\_\_\_

E-Mail Address: (indicate only if accessed regularly) \_\_\_\_\_

In case of emergency please notify:  
\_\_\_\_\_  

Name	Relationship	Phone #
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Type of transportation you will use: \_\_\_\_\_

Have you ever been convicted of a Crime?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on back if necessary)

**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, 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/intern with the Rochester Police Department and what you hope to gain from the experience.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

	Name	Address	Phone #	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**SPECIAL LIMITATIONS AND CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY: (list time of day)**

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
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 student interns and volunteers.  
I understand that I may be terminated if the department becomes aware of criminal history while I am interning/volunteering.  
I understand the commitment involved and acknowledge that my services are offered at my own risk.  
I agree to adhere to the Volunteer/Student Intern policies and carry out my duties as a volunteer/student intern 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, it's 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/student intern.  
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 Police Department recommends that Animal Control Services volunteers be current on their Tetanus Vaccination.**

Return to: Anne Powless, Volunteer Coordinator  
Rochester Police Department  
185 Exchange Blvd.  
Rochester, NY 14614

For office use only

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Record check By: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Training or Orientation: \_\_\_\_\_

**ASSIGNED TO:**

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

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

Days: \_\_\_\_\_ Time: \_\_\_\_\_