

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 _____	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 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 Animal Services recommends that 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

Record check By: _____ Date: _____

Date of Training or Orientation: _____

ASSIGNED TO:

Section/Unit: _____ Supervisor: _____

Starting Date: _____ Ending Date: _____

Days: _____ Time: _____