

Anderson City Police Department

VOLUNTEER APPLICATION

Date: _____

Name: _____ Phone: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip Code: _____

Email Address: _____

Drivers License Number: _____ Social Security Number: _____

Are you presently employed? _____ Full or Part Time? _____

If so, Name and Address of Employer:

References:

1. Name: _____

Address: _____

Telephone: _____

2. Name: _____

Address: _____

Telephone: _____

Special Interest and Skills:

How often are you available to work?

Do you have a specific area you would like to work in?

(Patrol, Detectives, Computers, Jail, Filing)

In emergency, please contact:

Name: _____

Address: _____

Telephone: _____

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APPROVAL FOR BACKGROUND INVESTIGATION, CRIMINAL HISTORY AND DRIVERS LICENSE CHECK

As a volunteer for the City of Anderson Police Department, I realize that a background investigation, criminal history, and driver's license check will be done before I can begin to work. I hereby authorize Anderson City Police Department to search any law enforcement database to conduct it.

List ALL names you have ever used including maiden name:

Name: _____
(PRINT) LAST, FIRST, MIDDLE

Name: _____
(PRINT) LAST, FIRST, MIDDLE

Name: _____
(PRINT) LAST, FIRST, MIDDLE

Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Drivers License Number: _____

Sex: _____ Race: _____

Position Volunteering for: _____

Signature: _____

Print Name: _____

Date: _____

Witness: _____

Anderson City Police Department

VOLUNTEER APPLICATION

Release from Liability Application

I, _____, do hereby make application to participate in the City of
Print Full Name
Anderson Police Department Senior Police Volunteer Program. I understand and agree to abide by the following terms and conditions. I will perform services for the department without promise, expectation, or receipt of compensation for services rendered.

- (1) I swear and affirm that I have never been convicted of a felony and that I have not been convicted of a misdemeanor within the last five years.
- (2) To the best of my knowledge and belief, I am not currently the subject of an arrest warrant.
- (3) I understand while participating in the Senior Police Program, I might be exposed to sudden, dangerous situations involving weapons, shots fired, violent person(s), etc.
- (4) I will not divulge any confidential information or circumstances which I might hear or see during my volunteer duties at the City of Anderson Police Department.
- (5) I will not consume alcoholic beverages for at least 8 hours prior to volunteering at the City of Anderson Police Department.
- (6) I do hereby release the City of Anderson and its employees, the City of Anderson Police Department, the Chief of Police and City of Anderson police officers and employees from any and all liability of any nature for damages or injury suffered by me while engaged in any aspect of the Senior Police Volunteer Program. I realize that my providing this release is a pre-condition of being allowed to participate in the program.
- (7) My participation in the Senior Police Volunteer Program, including any traveling in police vehicles is done freely and voluntarily and at my request. I understand and agree to abide by these terms and conditions.

Signature of Applicant

Date

Emergency Contact & Telephone Number

Approved, Chief of Police