



Owasso Police Department – Civilian Volunteer Application



Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Are you over 18? YES / NO

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Place of Birth: _____

Current Employer: _____

Business Address: _____

Business Phone: _____ Job Title: _____

Special Skills: _____

Have you Ever Worked for the City of Owasso? YES / NO

If yes, when? _____ What Department? _____

Do any Relatives Work for the City of Owasso? YES / NO

If yes: Name, Relation and Department: _____

Education:

High School: Where?: _____ Graduate?: YES / NO

College: Where?: _____ # Years?: _____

Graduate?: YES / NO Degree Received: _____

Military Service:

Branch: _____ Rank: _____

Time Served: _____ Discharge: _____



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Have you ever applied for a position in law enforcement prior to filling out this application? YES / NO

If yes, explain: _____

Do you have your own transportation? YES / NO Is it insured? YES / NO

Previous volunteer service: _____

What duties would interest you most? _____

Explain why you want to be a volunteer for the Owasso Police Department:



BACKGROUND CHECK INFORMATION

Have you ever been arrested, listed as a suspect or convicted of a crime?

If yes, explain: _____

List all traffic citations and accidents for the past two years:

What days and hours are you available? _____

What are your hobbies and interests? _____

Membership in Community Organizations: _____

Previous Addresses for Last 5 Years: _____

Drivers License Number: _____ DL State of Issue: _____



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EMPLOYMENT HISTORY

BEGIN WITH YOUR CURRENT EMPLOYMENT AND WORK BACKWARD. LIST ALL EMPLOYMENT CHRONOLOGICALLY FOR AT LEAST THE PAST 10 YEARS, INCLUDING SUMMER AND PART TIME JOBS, TEMPORARY AND PREVIOUS VOLUNTEER WORK.

Dates Employed			
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED		SUPERVISOR'S NAME:	REASON FOR LEAVING: <input type="checkbox"/> FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER
SALARY WAGE:		JOB TITLE & DUTIES:	
Dates Employed			
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:
# OF HOURS WORKED		SUPERVISOR'S NAME:	REASON FOR LEAVING: <input type="checkbox"/> FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER
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SALARY WAGE:		JOB TITLE & DUTIES:	
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SALARY WAGE:		JOB TITLE & DUTIES:	



DRUG HISTORY

Have you ever used marijuana? Yes_____ No_____

When (month/year) was the last time that you used marijuana? _____

Describe the circumstances as well as amount used: _____

How many times have you used marijuana in your life? (Estimate) _____

Have you ever sold marijuana? Yes_____ No_____

What was the quantity sold, and when did the last transaction occur? _____

Have you ever used or possessed any prescription drugs without a Doctor's prescription? Yes_____ No_____ Describe the circumstances, and date of most recent occurrence. _____

Have you ever possessed, used or sold any of the following drugs?

Cocaine Yes_____ No_____ Describe the circumstances and date of most recent usage. _____

Speed Yes_____ No_____ Describe the circumstances and date of most recent usage. _____

LSD Yes_____ No_____ Describe the circumstances and date of most recent usage. _____

Mushrooms Yes_____ No_____ Describe the circumstances and date of most recent usage. _____

Other Yes_____ No_____ Describe the circumstances and date of most recent usage. _____



REFERENCES

List three references (not related to you) Include Name, Address, Phone Number and **email**. Please attach a letter of reference from each of these references and turn the letters in with your application. They will be contacted to verify their recommendation.

1). _____

2). _____

3). _____

I understand and agree that any false statement, either verbal or written, may cause the applicant's name to be removed from the eligibility list or be cause for immediately dismissal as a volunteer with the City of Owasso.

Signature: _____ Date: _____

Witness: _____ Date: _____



City of Owasso, Oklahoma Volunteer Agreement & Release of Liability

I seek the opportunity to become a volunteer for the City of Owasso, Oklahoma, and learn about municipal government functions through active participation in government activities. I understand that I will not be paid for my time or services, I am not officially an employee of the City of Owasso, and I may not represent myself as anything other than a volunteer.

I understand that only official representatives of the City of Owasso are authorized to make statements to the media, and I agree not to make any statements to the media concerning information I have obtained during or as a result of my volunteer work.

In consideration of this opportunity, I acknowledge, understand, and accept all risks which I may be exposed to during the course of my volunteer work, and I agree on behalf of myself, my family, and my heirs, to waive any and all claims, causes of action, and/or damages of any kind or nature, including but not limited to any unforeseen personal injury, including death, animal attack, or other losses or damages, against the City of Owasso, Oklahoma, its employees, agents, or Officers, which may arise out of or in connection with any aspect of my volunteer work for the City of Owasso, Oklahoma.

I am seeking the opportunity to become a volunteer for the city of Owasso voluntarily, and no promises, agreements, or other inducements have been made. I understand that the City of Owasso will rely on this statement by me, and that the terms of this agreement are contractual in nature, and specifically designed to protect the City of Owasso its employees, agents, and officers. I understand that I may terminate my agreement at any time, and that the City may do the same.

I have read and understand the above statement. I have obtained any legal advice I may need prior to signing this document, and I sign this document freely and voluntarily.

Signed this _____ day of the month of _____, 20____.

Signature

Signature of Parent or Guardian
(If under 18)

Name (Print)

Name of Parent or Guardian
(Print)

On this _____ day of the month of _____, 20_____

The above subject(s) personally appeared before me and executed the foregoing VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY and they acknowledged to me that they knowingly and voluntarily executed the same.

Notary Signature: _____

Commission Number: _____ My commission expires: _____

(SEAL)



VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that maintaining confidentiality is of critical importance in my volunteer work at the Owasso Police Department.

As part of my duties as a volunteer I may learn confidential information that is related to the Owasso Police Department that might include personnel matters, criminal investigations, criminal histories, and other high profile public issues. I may also hear conversations, see written documents, or observe things that are not intended for public review.

The Owasso Police Department has extended the offer for me to volunteer my time and talents to them on the condition that I abide by the terms of this Agreement.

I agree that I shall not violate the confidentiality interests of the Owasso Police Department or its employees. The presumption is that all information related to my duties is confidential information unless I am explicitly told otherwise by the Chief of Police or his designee.

This agreement shall not be construed to prevent me from discussing the general nature of my work as a volunteer; however, under no circumstances may I reveal confidential information.

By signing this Agreement, I represent that I will not, at any time, knowingly deliver any confidential information to any person, entity, or organization, except as required by law or court order. I understand that any violation of this Agreement, or of confidentiality in general, is cause for separation from the Owasso Police Department and the volunteer program, and may well result in possible civil action or criminal prosecution.

Signature

Signature of Parent or Guardian
(If under 18)

Name (Print)

Name of Parent or Guardian(Print)

On this _____ day of the month of _____, 20_____

The above subject(s) personally appeared before me and executed the foregoing VOLUNTEER CONFIDENTIALITY AGREEMENT and they acknowledged to me that they knowingly and voluntarily executed the same.

Notary Signature: _____

Commission Number: _____ My commission expires: _____

(SEAL)



Authority for Release of Information (Please Print Legibly)

Last Name	First Name	Middle Name	Sex
Alias Names		Date of Birth (Month, Day & Year)	
Social Security Number		Drivers' License Number and Issuing State	

I, _____, do hereby authorize a review of and *full disclosure of all records*, or any part thereof, concerning myself, by and to ANY duly authorized agent of the City of Owasso, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; *employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me*, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is *to provide full and free access* to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Owasso to consider determining my suitability for employment by the City of Owasso. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Owasso. I understand that all materials pertaining to this background investigation become the property of the City of Owasso and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission Expires _____, 20_____.

Notary _____

(SEAL)

Commission # _____

Internal Use Only:	Date: _____
Priority, please process immediately and route to Civilian Administrator	
Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
Notes: _____	
Authorized by: _____	Date: _____