



City of Ocoee Police Department Volunteer Application

Directions: This application contains the following eleven documents to be completed in blue or black ink:

1. Volunteer Position Preferred;
2. Personal Information;
3. Criminal, Education & Current Employment: Be honest- we check;
4. References;
5. Authorization for Medical Treatment;
6. Emergency Notifications;
7. Release of Civil Liability;
8. Statement of Confidentiality;
9. Talent Release;
10. Citizen Observer Release and Waiver;
11. Background Check Information

The applicant and the applicant's parent or guardian (if the applicant is under eighteen years of age) must sign the pages for References, Authorization for Medical Treatment, Release of Civil Liability, Statement of Confidentiality, and Talent Release in the presence of a Notary or an Ocoee Police Officer. The notary must stamp these pages. The Ocoee Police Department can notarize these pages during business hours.

VOLUNTEER POSITION PREFERRED

___ Chaplain (Clergy Only)

___ General

___ Intern (Students Only)

___ Police Explorer (14-21 Years Old)

PERSONAL INFORMATION

Last Name: _____

First Name (Formal): _____ Middle Initial _____

Name that you go by: _____ Maiden _____

Date of Birth: ___/___/_____

Address: _____

City: _____ State: ___ Zip: _____

Social Security Number: _____ - _____ - _____

Race: ___ Sex: ___ Eye Color: _____ Hair Color: _____

Driver's License Number: _____ State: _____

Home Phone Number: (____) _____ Work Number: (____) _____

Cell Number: (____) _____ E-mail Address: _____

CRIMINAL, EDUCATION AND CURRENT EMPLOYMENT

Have you ever been arrested or charged with ANY crime EVER?

No

Yes, explain in detail (the charge, final court disposition, arresting police department, case number, and court case number):

Have you ever sold or consumed any illegal drugs?

No

Yes, Explain in detail (what type of drug, how much was used, when was the last time the drug was used):

Education:

High school: _____

College: _____

Current Employment:

Employer Name: _____

Employment Dates: _____ to _____

Job Title: _____

Job Descriptions: _____

Supervisor's Name: _____

Phone Number: _____

REFERENCES

Please list four references, other than relatives, that you have known for at least two years. This is to determine your character, experience, personality, and other qualities.

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Name: _____

Address: _____

Telephone: (_____) _____ - _____

Your acceptance as a member of the Ocoee Police Department Volunteers in Police Services program is based on your *accurate completion* of this application, criminal history, and overall good character. *The Ocoee Police Department reserves the right to deny volunteer opportunities to any person at any time. Membership is a privilege, not a right.*

I affirm that this application contains no misrepresentations, falsifications, omission, or concealment of material fact. I also affirm that the information given by me is true and complete to the best of my knowledge. I am aware that any falsifications will terminate my application for membership in the Ocoee Police Volunteers in Police Services program.

Signature Of Applicant

____/____/_____
Date

Parent or Guardian if under 18

____/____/_____
Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY
OF _____,

20____, _____
NOTARY OR OCOEE POLICE OFFICER

If Notary, stamp required.

AUTHORIZATION FOR MEDICAL TREATMENT (Minors Only)

I, _____ as the legal parent / guardian of _____ do hereby request the City of Ocoee, the Ocoee Police Department, or the Ocoee Police Volunteers in Police Services program to notify the following persons in the event of an illness, injury, or emergency. If the listed persons cannot be reached or if the minor child listed above requires immediate medical treatment, I hereby request and authorize the City of Ocoee, the Ocoee Police Department, their employees and Ocoee Police Volunteers in Police Services program to seek immediate medical treatment and to transport or seek transportation by ambulance if necessary, of said minor child to a medical facility for any treatment deemed to be medically necessary for the health, safety, or welfare of the child.

I hereby agree to indemnify, save and hold harmless the City of Ocoee, the Ocoee Police Department, the Ocoee Police Volunteers in Police Services program, employees, agents or assignees from any and all rights, actions, claim, causes of action, suits, losses, damages, judgments, claims, cost, or expense of any kind as well as attorney's fees on appeal, which may result from or occur as a result of or in connection with the participation of the previously listed child in any program sponsored by or promoted by the City of Ocoee, the Ocoee Police Department or the Ocoee Police Volunteers in Police Services program. I additionally agree to be responsible for any cost associated with or resulting from said medical treatment and transportation.

Signature Of Applicant

____/____/_____
Date

Parent or Guardian if under 18

____/____/_____
Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY
OF _____,

20____, _____
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EMERGENCY NOTIFICATIONS

Emergency Contact 1

Name: _____

Relationship: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: (____) _____ - _____

Other Phone: (____) _____ - _____

Emergency Contact 2

Name: _____

Relationship: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: (____) _____ - _____

Other Phone: (____) _____ - _____

Local Hospital Preference: _____

Allergies / Medications: _____

Current or Required Medications: _____

Physician's Name: _____

Phone Number: (____) _____ - _____

Insurance Company: _____

Policy Number: _____

RELEASE OF CIVIL LIABILITY

In considerations of the privileges being granted to _____ by the Ocoee Police Volunteers in Police Services program, the Ocoee Police Department, and the City of Ocoee to use the facilities in the Ocoee Police buildings and benefit from participation in the Ocoee Police Volunteers in Police Services program. I hereby assume all risk of personal injury, death, and property damage or loss from whatever causes arises while the above named child is approaching, entering, using, leaving, or being about any property of the City of Ocoee. While using, intending to use or being granted this privilege, including but not limited to being transported from or to any off campus site location while participating in this program, I release the City of Ocoee, the Ocoee Police Department, and the Ocoee Police Volunteers in Police Services program, it's officers, employees, agents, assignees and servants from any liability, or contribution to such liability, while using these privileges.

I further indemnify and hold harmless the Ocoee Police Department, the City of Ocoee, and their employees, assignees, agents and the Ocoee Police Volunteers in Police Services program from and against any and all damages, suits, claims, personal injury, including death, attorney's fees and attorney's fees on appeal.

It is further understood and agreed by me that the Ocoee Police Volunteers in Police Services program, Ocoee Police Department, and the City of Ocoee may revoke this privilege at any time.

Signature Of Applicant

____/____/_____
Date

Parent or Guardian if under 18

____/____/_____
Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____
DAY OF _____,

20____,

NOTARY OR OCOEE POLICE OFFICER

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STATEMENT OF COFIDENTALITY

Florida Statues prohibit the unauthorized disclosure of information from particular police records, including, but not limited to: juvenile cases, cases involving sexual battery and child abuse, pending internal investigations, and FCIC & NCIC information. I understand that the unauthorized disclosure of this or other protected information could lead to my dismissal from the Ocoee Police Volunteers in Police Services program and/or possible criminal penalties.

As a Volunteer for the Ocoee Police Department, I understand that I will be held accountable under law for the disclosure of any and all information related to police matters or confidential cases.

I further understand that I will not release any information obtained as a result of my participation in the Ocoee Police Volunteers in Police Services program unless specifically authorized in advanced by a representative of the Ocoee Police Department.

I further understand that as a Volunteer, I shall not represent myself as a law enforcement officer, take any action that might lead a reasonable person to believe that I am a law enforcement officer, or take any police action not specifically authorized or requested by a member of the Ocoee Police Department. I fully understand that such actions may lead to criminal prosecution for unauthorized display of police insignia and/or impersonating a law enforcement officer

Signature Of Applicant

____/____/_____
Date

Parent or Guardian if under 18

____/____/_____
Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY
OF _____,

20____, _____
NOTARY OR OCOEE POLICE OFFICER

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TALENT RELEASE

Production Title: _____ Date: ____/____/_____
Leave Blank Leave Blank

Name Of Talent/Applicant: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone Number: (____) ____-_____

Fax: (____) ____-_____

Email: _____

I hereby grant the City of Ocoee, their successors, licensees, and assignees, the non-exclusive right, but not obligation, to use my likeness, voice, biography and name in advertising, promotion, and publicity for the above, or any named production for NO REMUNERATION.

I hereby also release the City of Ocoee, and their elected officials and staff, from any and all claims, causes of action, suits, costs, liabilities and damages whatsoever that I now or hereafter may have against them arising from my appearance, and in connection with the preparation, production, and / or marketing of the above named, or any production.

I warrant that I am fully authorized to grant the rights set fourth in this agreement.

Signature Of Applicant

____/____/_____
Date

Parent or Guardian if under 18

____/____/_____
Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY
OF _____,

20____, _____
NOTARY OR OCOEE POLICE OFFICER

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CITIZEN OBSERVER
Release and Waiver

I, _____, for and in consideration of the city of Ocoee allowing me to participate in a Police Ride-along Program which entitles me to be present in Ocoee Police patrol vehicles during the actual working hours of police officers on patrol, and to be present in the Police Station and observe the activities of the Police Department, do hereby agree as follows:

1. I acknowledge and understand that by participating in this program, I am exposing myself to all risks normally associated with police activity, and I expressly assume such risks.
2. I understand that while participating in this program I will be assigned to one or more police officers and I agree that I will, at all times, follow the instructions and obey commands issued by those officers or by superior officers.
3. I further understand that I am responsible for conducting myself in the following manner:
 - a. I shall at all times be clean and neatly dressed. Where questions arise pertaining to suitability of attire; the final decision will be made by a supervisor.
 - b. I shall be issued an observer's clip-on identification card to the duty officer and complete the comments section of the Observer Ride-Along form.
 - c. At the conclusion of the ride, I will return the identification card to the duty officer and complete the comments section of the Observer Ride-Along form.
 - d. _____(Initial) I shall not carry or possess weapons of any kind while participating as an observer in the Ride-Along Program.
4. On behalf of myself, my heirs, executors, and assigns, I do hereby release and forever discharge the City of Ocoee and it's agents, officers, and employees of and from all manner of action and actions cause of causes of action, suits, debts, claims, damages or injuries, whatsoever in law or equity which I might have against the City of Ocoee, it's agents, employees, officers and assigns by reason of any cause or this whatever.

Observer

Parent or guardian, if observer is under the age of 18

Officer

Witness



BACKGROUND CHECK INFORMATION

APPROVED _____
DISAPPROVED _____

Name: _____ Sex _____ DOB _____ / _____ / _____

Social Security # _____ Driver=s License # _____

Address _____ Phone _____
Street Apt. City State Zip

Place of Employment _____ Phone _____

Emergency Contact (Name) _____ Phone _____

Law Enforcement Officer? Yes _____ No _____

Have you ever been **CHARGED OR CONVICTED** of any crime? _____

With whom do you wish to ride? _____

Application checked by _____ Date _____ / _____ / _____

DESCRIPTOR FILE: _____ QI: _____ QH: _____ QD: _____

FAILURE TO ANSWER TRUTHFULLY MAY RESULT IN BEING DENIED PERMISSION TO RIDE.

