



Hazelwood Police Volunteer Confidentiality Agreement

You may have access to confidentially sensitive information during your assignment as a volunteer. **Divulging confidential information persons outside of this Department is a criminal act and a violation of the law that will be prosecuted.** Criminal records or other confidential information may be given only to those persons authorized to have it. When in doubt, you must consult with a Police Department supervisor.

Signed this _____ day of _____, 20 ____.

Signature of Volunteer

Printed Name of Volunteer

Signature of Volunteer Coordinator

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

Notary Signature

Commission Expires: _____

The Hazelwood Police Department reserves the right to decline any applicant for a volunteer position in the Hazelwood Police Department who has:

- Been convicted of a felony;
- Sold narcotics or other dangerous drugs;
- Committed an unlawful sexual act;
- A history of traffic violations;
- Committed any other violation of the law;
- Used illegal drugs or abused prescription medication;
- A history of alcohol abuse;
- Been discharged from the U.S. Armed Forces under other than honorable conditions;
- Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession;
- A physical or mental disability that would impair an individual's ability to perform the duties of a volunteer; or
- Lied during any part of the volunteer selection process.

Note: The Department will review all applications fairly and honestly and any commission of the listed behavior does not mean the applicant will be automatically disqualified.

Also, the Department will not discriminate against any volunteer applicant on the basis of age, sex, marital status, national origin, religion, race, disability, or other protected groups under Federal, State, or Local law.

I have read and understand the above.

Applicant's Signature

Date

Volunteer Coordinator

Confidentiality Agreement

All Applicants Must Complete This Page

If selected as a volunteer for the Hazelwood Police Department, I agree that I shall treat all information I receive from reports, officers, employees of the Department, or victims as confidential. I understand that I could jeopardize the investigation of a crime by revealing information. I will not discuss any aspect of an association with the Hazelwood Police Department to seek favors for myself or others.

Applicant Signature

Date

Printed Name of Applicant

Information Authorization

I hereby authorize any City, County, State, former employer, or any other agency to furnish any member of the Hazelwood Police Department any information considered necessary for the purpose of processing this application. A copy of this authorization shall be considered as valid as the original.

Applicant Signature

Date

Letter of Understanding and Hold Harmless Agreement

I understand that I am not an employee of the City of Hazelwood. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for the purposes of the Fair Labor Standards Act. I wish to volunteer my services to the Hazelwood Police Department and observe its members in the performance of their duties. I understand that my status as a Volunteer In Policing may be revoked at any time. In consideration of the above granted authority to observe and complete Department tasks, I do hereby release and discharge the Hazelwood Police Department, their officers and employees, from all liability to me, my employer, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss of damages and expenses arising out of the above described observations, volunteer work and in respect of or arising out of any such death, injury, loss, or damage.

Applicant Signature

Date

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

Notary Signature

Commission Expires: _____

Emergency Contact Information

List up to two people to notify in case of an emergency:

Name:	Relationship:
-------	---------------

Street Address, City, State, Zip:		
-----------------------------------	--	--

Home Phone:	Work:	Cell:
-------------	-------	-------

Name:	Relationship:
-------	---------------

Street Address, City, State, Zip:		
-----------------------------------	--	--

Home Phone:	Work:	Cell:
-------------	-------	-------

This Section To Be Completed By Applicants To The Chaplain Corps

Religious Affiliation:	Licensed/Ordained/Local Certification:
------------------------	--

If ordained please give name of ecclesiastic body and date of earned ordination:	Name and location of seminary attended (City, State) Graduate School completed (Name, City, State)
--	---

Local religious body membership:	Yes	No	Street Address, City, State, Zip:
----------------------------------	-----	----	-----------------------------------

Name:	To whom are you accountable (judicatory supervisor)?	Phone Number:
-------	--	---------------

Street Address, City, State, Zip:		
-----------------------------------	--	--

Does the organization you are affiliated with endorse or support your request for acceptance into the Hazelwood Police Department Volunteer Chaplain Unit? Yes No If yes, please supply a letter of endorsement.		
---	--	--

Do you agree to serve a rotation 24-hour on-call duty period of one month as assigned by the Department? Yes No	Do you agree to attend regularly scheduled training sessions/meetings? Yes No
---	---

Do you agree to ride with a patrol officer during his/her normal shift at least twice during your scheduled duty period? Yes No	Do you agree to officiate at Department functions as requested during your duty period? Yes No
---	--

Employment History		List employment for last 5 years, beginning with most recent.
Business Name & Supervisor	Dates of Employment (Month/Year)	
Street Address, City, State, Zip		
Business Name & Supervisor	Dates of Employment (Month/Year)	
Street Address, City, State, Zip		
Business Name & Supervisor	Dates of Employment (Month/Year)	
Street Address, City, State, Zip		
Business Name & Supervisor	Dates of Employment (Month/Year)	
Street Address, City, State, Zip		
Business Name & Supervisor	Dates of Employment (Month/Year)	
Special interests or skills:		
Membership in community organizations and volunteer experience:		
Briefly, state why you wish to volunteer your time with the Hazelwood Police Department:		

Criminal History and Driving Record

Missouri Driver's License Number:	Expires:
-----------------------------------	----------

Has your license ever been suspended or revoked? Yes No If yes, reason:

Traffic citations and accidents for the last 5 years:

Have you ever been questioned, detained, arrested, investigated, warned, or issued a citation for any misdemeanor or felony, other than traffic, as an adult? Yes No

If yes, please explain (provide agency/court, City, State, date, reason, and disposition):

Have you ever been convicted of a crime: Yes No

Answering yes to this question is not necessarily a disqualifier for the program. Please answer honestly.

If yes, please explain (provide City, State, date, reason, and disposition):

References (Do not use family members as references.) List 3 individuals, name, address, phone

Name:	Relationship:	Phone:
-------	---------------	--------

Address (Street, City, State, Zip):

Name:	Relationship:	Phone:
-------	---------------	--------

Address (Street, City, State, Zip):

Name:	Relationship:	Phone:
-------	---------------	--------

Address (Street, City, State, Zip):

REQUIREMENTS FOR ALL VOLUNTEERS AS OF 12/05/2019

All volunteers are subject to the following requirements as of December 5, 2019:

- Fingerprinting**
- Driver Records Check**
- Interview (new applicants)**
- Reference Checks (new applicants)**
- Full Criminal Background Check
- Vocal Tension Analysis (when required)
- Credit Report (when required)
- Drug Screening (when required)
- Psychological Test (when required)

Information gained from these tests will be secure and confidential. Checks and required testing must be completed within 60 days. Volunteers who do not complete required tests within 60 days are subject to suspension. Volunteers perform highly sensitive jobs and should complete these tests as soon as possible.

Volunteers can expect to perform basic and/or highly sensitive tasks in the following areas:

- Records
- Detective Bureau
- Crime Victims Unit
- Community Oriented Policing Programs
- Station Duties
- Municipal Court

There will be a background check completed on every application. You must include your driver's license number or state-issued ID card number and your concealed handgun license number (if applicable) on the application. After completing the application, you can return it to the Hazelwood Police Department or mail it back to:

Hazelwood Police Department
415 Elm Grove Lane
Hazelwood, MO 63042
Attention: Volunteer Coordinator

I understand that I must successfully pass the above screening methods to be considered for acceptance in the Hazelwood Police Volunteers In Policing Unit. I authorize the investigation of all information pertaining to the above screening items listed as may be necessary in arriving at a decision.

Applicant Signature

Date

Printed Name of Applicant