CHADWICK E. WAGNER, CHIEF OF POLICE
HOLLYWOOD POLICE DEPARTMENT
3250 Hollywood Boulevard
Hollywood, Fl 33021
Attn: Crime Prevention Unit

Volunteer Application

As a candidate for the Volunteer Program, I hereby furnish information for use in determining my eligibility and qualifications. I authorize release of any and all information that you may have concerning me, including information that may be of a confidential or privileged nature.

I understand that for security reasons a background investigative check will be conducted as part of the eligibility process. I may also be fingerprinted and photographed. Further background information may be required if a specific volunteer assignment calls for time in a more sensitive area of the police department, and may include a Computer Voice Stress Analysis Examination.

PLEASE PRINT CLEARLY IN BLACK INK.
IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS ON THIS APPLICATION FULLY AND ACCURATELY.

Name: _____
Last First Middle

Address: _____
Number Street (Apt.)

_____
City State Zip How Long?

E-MAIL ADDRESS _____

Home Phone (_____) _____ Work Phone:(_____)_____

Fax No. (_____)_____ Cell _____

Social Security No._____

_____ _____
Signature Date

PERSONAL DATA:

Previous Addresses for past five years:

_____
Street City State How Long?

_____
Street City State How Long?

_____
Street City State How Long?

Date of Birth:_____ Place of Birth:_____

Marital Status:_____ Children (ages):_____

Drivers License #:_____ Expiration Date:_____

Please list & explain any other names, birth dates or social security numbers you have used:_____

_____

List any languages, other than English, which you speak or writ fluently:_____

EDUCATION & MILITARY SERVICE

_____
High School Name City, State Grade Completed Year

_____
College Name City, State Years Completed Year

_____
Degree(s) Earned Major(s) Minor(s)

_____
MILITARY SERVICE:

_____
Branch Dates of Service

EMPLOYMENT HISTORY

_____
Present Employer Name Address

_____
Job Duties Employment Dates

PREVIOUS EMPLOYERS:

_____

Company Name Address

_____

Job Duties Employment Dates

_____

Company Name Address

_____

Job Duties Employment Dates

HEALTH: (Circle One) Excellent Good Fair Poor

Please list medications you are currently taking:_____

_____

Physical Limitations:_____

Do you have medical insurance? Yes____ No____

Company Name:_____ Policy#:_____

Emergency Contact Person:_____

Name Address Phone Number

Relationship:_____

VOLUNTEER EXPERIENCE:

Where did you learn of the Volunteer Program?_____

What days and hours would you be available?_____

_____

Please give the names and phone numbers of two local character references:

1. _____ Phone: _____

2. _____ Phone: _____

Why do you wish to volunteer with the Hollywood Police Department?_____

List any misdemeanor arrests or convictions:_____

List any felony arrests or convictions:_____

I hereby authorize the Hollywood Police Department, its designee, or agent, to investigate my past or current activities and to receive full and complete disclosure of all records relating to me and my past employment, criminal or traffic reports or investigations.

I understand that police agencies often handle sensitive or confidential information, the disclosure of which could adversely affect a criminal investigation and in some instances my be a violation of law. I agree to not disclose any information obtained by me while engaged in my volunteer duties unless specifically authorized in advance by a Hollywood Police Department supervisor. I understand that my failure to comply with this paragraph will result in my removal from the volunteer program.

I hereby indemnify and hold the City and the Hollywood Police Department harmless for any injury to my self or my property while engaged in volunteer activities with the Hollywood Police Department. I agree that the City and the Hollywood Police Department will not be responsible for any activities, liability suits or damages which may occur during or as a result of my volunteer status with the Hollywood Police Department, occurring outside the scope of the responsibilities and duties assigned to me.

SIGNATURE:_____ PRINT NAME:_____

DATE:_____

****

For Official Use Only

Date Received: _____ Date Called: _____ Interviewed: _____
Division: _____ Section: _____ Review Date: _____
Duties: _____

Comments_____

_____

_____

_____

_____

DATE: _____

CITY OF HOLLYWOOD, FLORIDA

PERSONAL HISTORY STATEMENT (L)

VENDOR: _____

PERSONAL HISTORY

1. _____, _____ _____, _____
LAST NAME **FIRST NAME** **MIDDLE NAME** **SUFFIX (Jr., II, Sr.)**

2. **List other names you have used, including nicknames, maiden name, or aliases:**

_____ _____

_____ _____

3. _____ Years _____ Months _____
RESIDENCE ADDRESS (Include Apt. #) **How long at present residence?**

4. _____
CITY **COUNTY** **STATE** **ZIP CODE**

5. HOME TELEPHONE (____) _____ WORK NUMBER (____) _____

CELL TELEPHONE (____) _____ E-MAIL ADDRESS _____

6. SOCIAL SECURITY NUMBER _____-_____-_____

7. DRIVER'S LICENSE NUMBER _____ STATE_____

8. _____ 9 _____
DATE OF BIRTH (Month-Day-Year) **PLACE OF BIRTH (City, State, County, Country)**

10. _____ 11. _____ 12. _____ 13. _____
AGE **GENDER** **HEIGHT** **WEIGHT**

14. Are you a United States Citizen? ❑Yes ❑ No ❑Legal Resident ❑ Permanent Resident

Work Authorization # _____ If a Naturalized Citizen provide date: _____

Certificate number: _____ Location_____

15. Race/Nationality: ❑ White-non Hispanic ❑African American-non Hispanic
❑Hispanic ❑Asian ❑American Indian ❑Other-Specify_____

16. Marital Status: ❑Married ❑Divorced ❑Separated ❑Widow (er) ❑Never Married

EMPLOYMENT HISTORY

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	TITLE OF LAST POSITION	SUPERVISORS NAME(s)
NAME	FROM		
ADDRESS	TO		
CITY, STATE, ZIP	❑ Full-time		
PHONE ( )	❑ Part-time		
DUTIES:			

ARREST HISTORY

Have you ever been arrested, detained or taken into custody by a Federal, State or Local Law Enforcement Agency in the United States of America or any foreign land, as a juvenile or as an adult, for any criminal charge or civil law-related offense? ❑No ❑Yes, Explain:

_____

_____

DATE	AGENCY NAME CITY, STATE, COUNTRY	CHARGE	COURT NAME, CITY & STATE	DISPOSITION & CIRCUMSTANCES OF ARREST
				Expunged/Sealed?❑ No ❑Yes
				Expunged/Sealed?❑ No ❑Yes
				Expunged/Sealed?❑ No ❑Yes
				Expunged/Sealed?❑ No ❑Yes

BACKGROUND INFORMATION RELEASE WAIVER

In connection with my application for employment/doing business with the CITY OF HOLLYWOOD, I understand a background investigation, in accordance with the Fair Credit Reporting Act and all State and Federal laws, is to be conducted, and may include information about my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent towards determining my qualifications for employment/doing business with the City of Hollywood..

I understand, according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Credit Reporting Agency. Upon written request, I will be informed whether an Investigative Consumer Report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I understand that during this background investigation, the CITY OF HOLLYWOOD may make inquiries and request information including but not limited to my criminal history, consumer credit history, employment history, driving history, military history, medical history, workers' compensation history, education, professional licensing, including information of a confidential or privileged nature.

I hereby authorize, without reservation, any party (including, but not limited to, past and present employers, Law Enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the CITY OF HOLLYWOOD, to furnish any or all of the above mentioned information. In addition, I hereby release the CITY OF HOLLYWOOD, and its agents or representatives, from any and all liability for damages arising from this background investigation and the disclosure of the requested information. I further release and discharge from all liability, any companies, agencies, officials, officers, employees, and other persons, who, in good faith, provides to the CITY OF HOLLYWOOD any of the above mentioned requested information obtained during the course of the background investigation.

Your Social Security Number is requested for the purpose of employment eligibility verification, applicant and employee background checks, income report, and processing employment benefits, and will be used solely for those purposes.

I will also allow a photocopy or facsimile of this Background Information Release Waiver to be as valid as the original.

_____ _____

PRINT FULL NAME **SIGNATURE**

_____ _____

DATE OF BIRTH **SOCIAL SECURITY NUMBER**

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____.
MONTH **YEAR**

By: _____.
❑Personally known by me
❑Produced Identification; type of Identification produced _____

_____

SIGNATURE OF NOTARY PUBLIC-STATE OF _____

Stamp Commissioned Name of Notary Public