



DATE: \_\_\_\_\_

# HOLLYWOOD POLICE DEPARTMENT

## Public Affairs Unit

(954) 967-4371

### Volunteer Application

#### 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. \_\_\_\_\_  
DATE OF BIRTH (Month-Day-Year)

9. Are you a United States Citizen?  Yes  No  Legal Resident  Permanent Resident  
Work Authorization # \_\_\_\_\_ If a Naturalized Citizen provide date: \_\_\_\_\_  
Certificate number: \_\_\_\_\_ Location \_\_\_\_\_

## EMPLOYMENT HISTORY

| NAME & ADDRESS OF EMPLOYER | DATES EMPLOYED                     | TITLE OF LAST POSITION | SUPERVISORS NAME(s) |
|----------------------------|------------------------------------|------------------------|---------------------|
| NAME                       | FROM                               |                        |                     |
| ADDRESS                    | TO                                 |                        |                     |
| CITY, STATE, ZIP           | <input type="checkbox"/> Full-time |                        |                     |
| PHONE (    )               | <input type="checkbox"/> Part-time |                        |                     |
|                            |                                    |                        |                     |

| NAME & ADDRESS OF EMPLOYER | DATES EMPLOYED                     | TITLE OF LAST POSITION | SUPERVISORS NAME(s) |
|----------------------------|------------------------------------|------------------------|---------------------|
| NAME                       | FROM                               |                        |                     |
| ADDRESS                    | TO                                 |                        |                     |
| CITY, STATE, ZIP           | <input type="checkbox"/> Full-time |                        |                     |
| PHONE (    )               | <input type="checkbox"/> Part-time |                        |                     |
| DUTIES:                    |                                    |                        |                     |
|                            |                                    |                        |                     |

## CRIMINAL HISTORY

Have you ever been convicted of a criminal offense, plead guilty or nolo contendere, or found guilty of criminal offense, even though adjudication was withheld or sentence was suspended?  No  Yes, Explain:

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| DATE | AGENCY NAME<br>CITY, STATE, COUNTRY | CHARGE | COURT NAME, CITY &<br>STATE | DISPOSITION &<br>CIRCUMSTANCES OF ARREST |
|------|-------------------------------------|--------|-----------------------------|--|
|      |                                     |        |                             |  |
|      |                                     |        |                             |  |
|      |                                     |        |                             |  |
|      |                                     |        |                             |  |

**BACKGROUND INFORMATION & INDEMNITY HOLD HARMLESS RELEASE WAIVER**

In connection with my application for volunteering/doing business with the CITY OF HOLLYWOOD, I understand a background investigation, including a criminal history or lack thereof, 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 volunteering/doing business with the City of Hollywood.

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, employment history, driving history, military 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.

I understand that my Social Security Number is requested for the purpose of volunteer eligibility verification, ability to do business with the City of Hollywood, applicant and volunteer background checks, income report, and will be used solely for those purposes.

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

I understand that police agencies often handle sensitive or confidential information, the disclosure while could adversely affect a criminal investigation and in some instances may 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.

Except as set forth in Chapter 440, Florida Statutes, entitled "Workers' Compensation Law", I hereby indemnify and hold harmless the City of Hollywood, its officers, agents, and employees, for any injury to myself 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.

\_\_\_\_\_  
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