



GRANDVIEW POLICE DEPARTMENT

VOLUNTEER APPLICATION



Charles Iseman, Chief of Police
1200 Main Street
Grandview, MO 64030
Phone (816) 316-4900
Fax (816) 763-9774

Date: _____

APPLICANT INFORMATION			
Name: _____			
First	Middle	Last	Other Name(s) Used
Social Security # _____ - _____ - _____		Date of Birth: _____	
Month / Date / Year			
Current Address: _____			
Mailing Address		City, State	Zip code
Home Phone # _____	Cell Phone # _____		

Are you at least eighteen (18) years of age: _____

Employer: _____

Occupation: _____

What is your level of education?: _____

Do you have any specialized skills, areas of expertise or experience to bring to your program as a volunteer? _____

Do you have a valid Driver's License and automobile insurance? _____

Are you computer literate? _____ Do you have typing skills? _____

Can you dedicate to a minimum average of sixteen (16) hours of service per month? _____

What area of volunteering interests you most?

Records-Clerical _____ Investigations-Clerical _____ Fleet Maintenance _____

Facilities Maintenance _____ Community Outreach / Recruiting _____

Traffic Control / Special Events _____ Citizen Patrol/Crime Watch _____

What is your availability?:

Monday: Day _____ Evening _____ Night _____

Tuesday: Day _____ Evening _____ Night _____

Wednesday: Day _____ Evening _____ Night _____

Thursday: Day _____ Evening _____ Night _____

Friday: Day _____ Evening _____ Night _____

Please provide three personal references that do not live with you and are not related to you through blood or marriage:

1. Name: _____
Address: _____
Phone #: _____

2. Name: _____
Address: _____
Phone #: _____

3. Name: _____
Address: _____
Phone #: _____

Confidentiality Agreement

I understand that maintaining confidentiality is of critical importance in my work at the Grandview Police Department. As part of my duties as a volunteer, I may learn confidential information that is related to the Grandview 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.

If the Grandview Police Department extends the offer for me to volunteer my time and talents to them, it will be based upon the condition that I abide by the terms of this Agreement. I agree that I shall not violate the confidentiality interests of the Grandview 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 or her 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 Grandview Police Department and the volunteer program.

_____, 20____

Authority for Release of Information

PRINT OR TYPE

NAME _____

Last

First

Middle

Date of Birth _____

ADDRESS _____

Street

City

State

Zipcode _____

DRIVERS LICENSE: state _____ ; **number** _____

SSN _____ - _____ - _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to the City of Grandview, Missouri, 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; and records of complaint of a civil nature made by or against me, wheresoever located, in any case in which I presently have, or have had an interest; information as to my character, general reputation, personal characteristics and mode of living discerned through education verifications, present and former addresses, personal references, personal interviews, any public record as well as social media.

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 Grandview and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this report 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.

Signature

Date

Rev 04/2010