



Application For Unpaid Volunteer



The Leander Police Department is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

| | | | | | | |
|-----------------------|--------|----------------|------|------------------------|----------------------|--|
| Position Applied For: | | | | | Date of Application: | |
| Last Name | | First Name | | | Middle Name | |
| Address | Number | Street | City | State | Zip Code | |
| Telephone Number(s): | | E-mail Address | | Social Security Number | | |

How Did You Learn About Us?

- Advertisement Relative Job Fair Recruiter
 College program Friend Web Site Other

Best time to contact you at home is : ____ AM/PM

Have you ever submitted an application with us before? Yes No
If Yes, give the date: _____

Have you ever been employed with us before? Yes No
If Yes, give the date: _____

Do you have any friends or relatives that work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

Are you available to work (shift work): Full-time Part-time Temporary

Can you travel if the job requires it? Yes No

Date available to work: ___/___/___

Version: June 2014

Education / Training

| | Name And Address Of School | Course of Study | Year Completed Or Hours Earned | Diploma Degree Or Certification |
|---|---|------------------------|---|--|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Technical, Vocational, or Training | | | | |

Describe any specialized training, continuing education, apprenticeships and skills.

List any other Qualifications or Specialized Skills.

Employment Experience

For the past 5 years starting with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|--------------------|---------------------|------------|----------|----------------|
| 1. | Employer | Dates | Employed | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | | | |
| | Hourly Rate | Salary | | |
| | Job Title | Supervisor | Starting | |
| Reason for Leaving | | | | |
| 2. | Employer | Dates | Employed | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | | | |
| | Hourly Rate | Salary | | |
| | Job Title | Supervisor | Starting | |
| Reason for Leaving | | | | |
| 3. | Employer | Dates | Employed | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | | | |
| | Hourly Rate | Salary | | |
| | Job Title | Supervisor | Starting | |
| Reason for Leaving | | | | |
| 4. | Employer | Dates | Employed | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | | | |
| | Hourly Rate | Salary | | |
| | Job Title | Supervisor | Starting | |
| Reason for Leaving | | | | |

If you need additional space, please duplicate this page and attach the additional pages to the application.

Additional Information

Personal References

Do **not** list persons who are previous employers, supervisors, or relatives.

| | Name | Address | Phone # |
|----|------|---------|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

List any professional, trade, business, or civic activities and offices held.

(You may exclude any membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

List **any** Criminal Arrests and Convictions you may have on your record, including location of offense, dates, and the name of the arresting agency.

List any Law Enforcement Agencies you have ever applied for employment or volunteer position with, including current active applications.

State any additional information you feel may be helpful to us in considering your application.

Personal Inquiry Waiver/Covenant not to Sue/Waiver to Release Certain Information

State of Texas §

Personal Inquiry Waiver
Covenant not to Sue

County of Williamson §

Waiver to Release Certain Information

I, _____, Applicant, hereby request and authorize, as a condition of participation in the volunteer program, the Leander Police Department/City of Leander to conduct a "background" inquiry.

I further request and authorize you, the receiver of this instrument to furnish said Department with any and all information said Department may request concerning my character, background, employment, military, credit, education or medical records and/or criminal records. This includes but is not limited to academic, attendance, athletics, personal history, disciplinary records, medical records and credit records whether the said records are of a public, private or confidential nature. This includes those that may be maintained in various computerized systems and information concerning my general reputation.

This instrument is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of any relative documents or copies of any relative data held electronically, if requested.

I hereby intentionally and voluntarily waive all confidentiality or privileged information rights concerning the foregoing and further, I release you, your organization and the Leander Police Department/City of Leander by this my covenant, from any liability that may be connected with requesting, releasing, disseminating, or use of any such information, or the results or inquiries, in determining my eligibility for participation in the volunteer program of the Leander Police Department/City of Leander, Texas.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit and educations records concerning me in connection with this application. Should there be any question as the validity of this release, you may contact me as indicated below.

I hereby acknowledge that a facsimile (FAX) or (by any other method) a copy of this instrument may be used in the "background" inquiry process and further, that such a FAX or copy is as valid as the original notarized copy.

x _____
Applicant's Signature of AGREEMENT

_____/_____/_____
Applicant's Driver's License # Applicant's Date of Birth Applicant's Social Security #

Applicant's telephone number: _____

On this _____ day of _____, 20 __, _____, herein referred to as "Applicant", personally appeared before me and stated the reasons for executing this instrument is for the same expressed reasons stated herein.

Notary Public (seal)

Applicant's Statement

State of Texas §

County of Williamson §

I, _____, certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for participation in the volunteer program as may be necessary in arriving at a decision.

This application for unpaid volunteer shall be considered active from the date of submission until processed by the Leander Police Department. After submitting this application, I understand that it is my responsibility to notify the Leander Police Department of any changes of information in the original application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means that the volunteer may resign at any time and the Employer may discharge the volunteer at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of participation in the volunteer program, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Leander Police Department and the City Of Leander.

I, the undersigned, binding my heirs, executors, administrators, and assigns, do hereby release and agree to hold harmless, the City of Leander, its officers, agents, and employees from any and all actions, causes of action, claims, demands, costs or damages arising from or resulting from property damage, personal injuries or death sustained by me while participating in the volunteer program and during any ride outs, whether or not such damage or injury was caused or contributed to by any acts or omissions, including negligent acts or omissions, of any other person or persons. I further agree, binding my heirs, executors administrators and assigns to indemnify the City of Leander, its agents, officers, and employees from and against any liability, action, claim, damage, award or judgment incurred or suffered by the above city or individuals as a result of any act or omission by me or caused in whole or in part by me while participating in the rider program whether or not also caused in part by a person indemnified hereunder. In addition, I make the following representations and acknowledgments upon which I intend the City of Leander to rely:

1. I understand and agree that while accompanying any police officer during his law enforcement tour, I am to be only an unarmed, lay observer and bystander, with no active role whatever and that I will have and am given no duties, rights, powers of authority whatever other than those conferred by law upon any other person in like or similar circumstances as may arise from time to time.
2. I realize and agree that while participating in the volunteer program, I will not be an employee of the City of Leander and therefore will not be covered by the City of Leander for any salary, benefits, workers compensation, death or disability benefits. Any medical visits due to exposure or injury are the responsibility of the volunteer.
3. I realize and acknowledge that there is an element of danger inherent in riding with a police officer on duty and at any crime scene. It is foreseeable that situations may arise at any time, suddenly and without warning, in which I may be placed in great physical danger or exposed to pathogens. I knowingly and willingly agree to assume these risks. I agree that neither the City of Leander, nor any of its officers or employees shall be obligated to take any extraordinary steps to protect my person or to provide a means of withdrawal or retreat for me, and I release them from any duty to do so.
4. I agree that any information that I may gain through participation in the program, shall be used by me only for case documentation purposes except where I am summoned as a witness in any administrative or court proceeding. Any misuse of this information may result in immediate dismissal from the program.
5. I understand that my participation in the above named program is a privilege subject to revocation at any time by the City of Leander, whose decision in the matter will be binding.

Date _____

(Signature of Applicant)

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge that the foregoing instrument was executed by me for the purpose expressed herein, and I acknowledge that I voluntarily executed the same, and that the contents thereof are true and correct.

X _____
(Signature of Applicant before Notary)

On this _____ day of _____, 20 __, _____, herein referred to as "Applicant", personally appeared before me and stated the reasons for executing this instrument is for the same expressed reasons stated herein.

Notary Public

(seal)

My commission expires _____.

**LEANDER POLICE DEPARTMENT
INTERVIEW PROCESS**

The following is an outline of the application phases. Each phase must be successfully accomplished prior to advancement to the next phase. The time needed for the application process depends on availability of volunteer positions and the processing time for the application and personal history statement processing and any interviews.

I. Application: Phase One- To be considered for the volunteer program of the Leander Police Department, an applicant must correctly complete the application form. ALL OF THE "WAIVER" FORMS MUST ALSO BE COMPLETED, NOTARIZED AND RETURNED WITH THE APPLICATION FORM. A preliminary basic background check will be conducted during this phase. All applicants must complete the application in black ink and in their own handwriting. Any incomplete or incorrect application will be rejected. All applicants will be notified if they are ineligible, if the process stops, and/or eligibility to advance to phase II.

II. Oral Interview: Phase Two - Applicants will be notified on date and time. The interview board will consist of at least 3 (three) members and generally will not be longer than 45 minutes. The objective scoring system used in the interview/ evaluation process will result in numeric scores. Applicants will be notified by mail of their eligibility to move to Phase III. A follow-up phone call may be utilized as necessary.

III. Background inquiry - The top applicants in this phase (the number of which will depend upon the number of positions currently available or the determined need for the number to be placed on the eligibility list) will undergo a more in depth background inquiry. ELIGIBILITY WILL BE DENIED IF AN UNSATISFACTORY FINDING IS DISCOVERED IN THE BACKGROUND INQUIRY.

I, the undersigned, have read and understand the above-described process that will be utilized in this process.

X _____, **Applicant** _____ **Date**