

# Rochester Police Department Volunteer/Student Intern Application, RPD 1323

## POSITION APPLYING FOR:

VOLUNTEER

STUDENT INTERNSHIP

Administrative  
Rochester Animal Services  
CVRT (Community Volunteer Response Team)  
PAC-TAC (Police and Citizens Together Against Crime)  
Clergy Response Team  
Chaplaincy Program  
Other

Name: \_\_\_\_\_  
First M.I. Last maiden

Date of Birth: \_\_\_\_\_ Male  Female

Current Address: \_\_\_\_\_  
Street City State Zip Code How long at this address?

Permanent Address: \_\_\_\_\_  
Street City State Zip Code How long at this address?

Previous Address(es) (Last 5 years):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: (indicate only if accessed regularly) \_\_\_\_\_

In case of emergency please notify:

| Name | Relationship | Phone # |
|------|--------------|---------|
|------|--------------|---------|

Type of transportation you will use: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on back if necessary)

### EDUCATION BACKGROUND:

School Attended(ing): \_\_\_\_\_ Major: \_\_\_\_\_  
(if applicable)

Minor: \_\_\_\_\_ Date diploma received or expected: \_\_\_\_\_  
(if applicable)

### MILITARY SERVICE:

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Time Served: \_\_\_\_\_ Discharged: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous Employment (Please include firm name, address, supervisor and dates):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER BACKGROUND:** Previous Volunteer Services (include organizations and dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKILLS:**

Indicate clerical, computer (be specific), working with youth, communication-verbal, written, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BRIEFLY state why you would like to volunteer/intern with the Rochester Police Department, and what you hope to gain from the experience.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (Two should be work or school related. No relatives.):**

|    | Name  | Address | Phone # | Relationship |
|----|-------|---------|---------|--------------|
| 1. | _____ | _____   | _____   | _____        |
| 2. | _____ | _____   | _____   | _____        |
| 3. | _____ | _____   | _____   | _____        |

**SPECIAL LIMITATIONS AND CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY:** (list time of day)

|                  |                 |
|------------------|-----------------|
| Monday: _____    | Thursday: _____ |
| Tuesday: _____   | Friday: _____   |
| Wednesday: _____ | Saturday: _____ |
|                  | Sunday: _____   |

- ❖ I certify that the above information is correct to the best of my knowledge.
- ❖ I understand that a criminal background check will be performed on all student interns and volunteers.
- ❖ I understand that I may be terminated if the Department becomes aware of criminal history while I am interning/volunteering.
- ❖ I understand the commitment involved and acknowledge that my services are offered at my own risk.
- ❖ I agree to adhere to the volunteer/student intern policies, and carry out my duties as a volunteer/student intern effectively.
- ❖ I understand that my participation in this program does not make me an employee of the City of Rochester, and I release the City of Rochester, its officers, agents, employees and any third party organization from any and all liability for any claims of injury or damage of any kind whatsoever, as a result of my participation as a volunteer/student intern.
- ❖ I understand that I am not entitled to any benefits of employment, including workmen's compensation.
- ❖ **I will maintain confidentiality of police information.**
- ❖ **I will not represent myself as an employee of the Rochester Police Department.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**And (if under 16):**

***I understand the above terms and give permission for my child to volunteer with the Rochester Police Department.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The Rochester Animal Services recommends that volunteers be current on their Tetanus Vaccination.***

Return to: Elaine Hosmer, Volunteer Coordinator  
 Rochester Police Department  
 Professional Development Section  
 185 Exchange Boulevard  
 Rochester, NY 14614

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*For office use only*

Record check by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of training or orientation: \_\_\_\_\_

**ASSIGNED TO:**

Section/Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Days: \_\_\_\_\_ Times: \_\_\_\_\_