Rochester Police Department Volunteer/Student Intern Application, RPD 1323

POSITION APPLYING FOR:

☐ VOLUNTEER			☐ STUDENT	☐ STUDENT INTERNSHIP	
PAC-TAC (Police a Clergy Response T Chaplaincy Program Other	Volunteer Respons and Citizens Togeth eam m	•			
Name:	M.I.	Last	ma	aiden	
Date of Birth:	<u></u>		Male 🔲	Female	
Current Address:					
Permanent Address:	Street	City	State Zip Code	How long at this address?	
Previous Address(es) (Last 5	Stre		State Zip Code	How long at this address?	
Home Phone #:		Cell Phone #:_			
E-Mail Address: (indicate only if acce	essed regularly)				
In case of emergency please r	notify:				
Name		Relationship		Phone #	
Type of transportation you will	use:				
Have you ever been convicted	I of a crime? ☐ Y	′es □ No If yes, p	lease explain:		
(Continue on back if necessary)					
EDUCATION BACKGROUND):				
School Attended(ing):			Major:		
		Date diploma received or expected: _		(if applicable)	
MILITARY SERVICE:					
Branch:	Rank:	Time Served	l: Discha	arged:	

EMPLOYMENT HISTORY: Employer: ______Occupation: _____ How Long: _____ Phone #: Business Address: 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.): Address Phone # Relationship Name 1. 2. 3. SPECIAL LIMITATIONS AND CONDITIONS: AVAILABILITY: (list time of day) Thursday: Friday: Monday: Tuesday: Saturday: Wednesday: 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, it's 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:	rn to: Elaine Hosmer, Volunteer Coordinator Rochester Police Department Professional Development Section 185 Exchange Boulevard Rochester, NY 14614			
For office use only				
Record check by: Date:				
Date of training or orientation:				
ASSIGNE	о то:			
Section/Unit:		Supervisor:		
Starting Date:		Ending Date:		
Days:		Times:		