

# Lebanon Police Department Volunteer Services



## C i v i l i a n   V o l u n t e e r   A p p l i c a t i o n

_____
Applicant
_____
Date

***Frank Stevenson***  
***Chief of Police***

*Integrity ~ Professionalism ~ Teamwork*





**Personal References****(List 3 people, other than family, must be an adult, who have known you at least 3 years)**

Name/Relationship	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Volunteer Experience**Do you have any previous volunteer experience:  Yes  No

Name of Organization/City/State	Dates Served	Contact/Phone #
Description of activities: _____		

Name of Organization/City/State	Dates Served	Contact/Phone #
Description of activities: _____		

Use additional sheet if necessary:

**Interests/Skills/Training/Hobbies**

Languages, other than English, which you speak fluently: \_\_\_\_\_

What interests, skills and/or training or hobbies do you have that might be useful to the Justice Center?

Computer skills:

**Availability/Preferences for Volunteering**

Days available for volunteer work: (circle) Mon Tue Wed Thu Fri Sat Sun

Preferred hours per day: From \_\_\_\_\_ To: \_\_\_\_\_

Do you prefer an office setting for volunteering, or a more active role?

Is there a Volunteer Program at the Lebanon Justice Center which you are familiar with for which you would like to volunteer time?

Please state why you wish to volunteer your time to the Lebanon Justice Center. (You may use another sheet if necessary) ***This question must be answered.***

City of Lebanon  
VOLUNTEER RELEASE OF LIABILITY

**ADULT VOLUNTEER (18 & OVER)**

I, \_\_\_\_\_, in consideration of the opportunity and permission to volunteer with the City of Lebanon to perform the assigned service and the beneficial experience to be gained, do hereby fully and completely release the City of Lebanon, its officials and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance for any injuries or illnesses that may occur as a result of my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this activity may be used for outreach, education or documentation purposes, without compensation, by the City of Lebanon.

By my signature below, I verify that I am 18 years of age or older. I also understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release and indemnify the City of Lebanon, its officials and employees from all liability resulting from my participation in this program.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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**COMPLETE FOR ALL VOLUNTEERS REGARDLESS OF AGE ~ PLEASE PRINT CLEARLY**

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Phones: \_\_\_\_\_

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**CHILD VOLUNTEER (UNDER 18)**

By my signature below, I verify that I am a **parent or legal guardian** of the participant and I hereby consent to his/her participation in the City of Lebanon volunteer program. I also agree to indemnify, hold harmless and release the City of Lebanon, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the above-named program. I acknowledge that any photograph or videotape taken of my child/ward participating in this activity may be used for outreach, education or documentation purpose, without compensation, by the City of Lebanon.

Signature of Parent or Legal Guardian required if participant is under 18 years of age  
\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_