

# 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*





# Volunteer Services

## Confidential Volunteer Application

### Personal Information

Your Full Name:

\_\_\_\_\_ Last First Middle

Home Address: \_\_\_\_\_

Contact Info: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone Mobile Phone

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  US Citizen  Naturalized  Legal Alien

### Driving Information

Driver's License: \_\_\_\_\_

Number State Class Expiration Date

Has your driver's license (from any state/country) been suspended or revoked?  No  Yes If yes, explain: \_\_\_\_\_

List any traffic citations and/or accidents for the past two years: \_\_\_\_\_

### Educational Background

High School Diploma/GED?  No  Yes: Mo/Yr Graduated: \_\_\_\_\_

High School: \_\_\_\_\_ / / to / / \_\_\_\_\_  
Name of School/City/State Dates Attended Degree Received  
(List all educational levels) I have a:  Two-Year Degree  Four-Year College/University Degree  Post-Graduate Degree

Institute: \_\_\_\_\_ / / to / / \_\_\_\_\_  
Name of Institute/City/State Dates Attended Degree Received/Major

**Convictions:** If you have ever been convicted of any crime (excluding traffic citations), provide the following:

Approx Date Police Agency Circumstances

Is there anything in your past that might disqualify you from functioning as a volunteer for the Lebanon Police Department?  
 No  Yes If you answered yes, please explain briefly: \_\_\_\_\_

### Experience and Employment (List current + previous employment information, most recent first)

Dates of Employment: From To Name & Address of Employer: Name of Supervisor:

Mo/Yr Mo/Yr  
/ /

- Full Time  
 Part Time  
 Voluntary

Reason for leaving: \_\_\_\_\_

Phone #: \_\_\_\_\_

Duties: \_\_\_\_\_

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Phone #: \_\_\_\_\_

Duties: \_\_\_\_\_

**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: _____		

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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: (check)    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: \_\_\_\_\_  
\*\*\*\*\*

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

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

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

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

**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: \_\_\_\_\_

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

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