



VOLUNTEER APPLICATION

Daniel J. Ransone, Chief of Police



Program Description:

Citizen Volunteer Patrol (CVP) is a volunteer program developed to meet the changing needs of the community and to further promote the City's Philosophy of Community Oriented Policing. CVP volunteers shall support and assist the Sunrise Police Department and the community in improving the overall quality of life for residents. The CVP program is designed to aid in the reduction of crime within our community, strengthen the relationship between the community and the Department, and promote effective line of communication throughout the community to achieve safety and security within our neighborhoods.

CVP Eligibility:

Personnel eligible to participate in the Citizen Volunteer Patrol (CVP) will include non-sworn, unarmed, uniformed or non-uniformed, unpaid members who perform tasks, which do not require law enforcement certification **To be eligible, participants must be 21 years of age or older and reside or own a business within the City of Sunrise.** Excluded from participation in the program are employees of the City of Sunrise.

Qualifications for Citizen Volunteers:

- Ability to communicate effectively with staff and the general public
- Must be able to speak clearly and have good telephone manners
- Legible handwriting or printing is a must
- Be able to read maps and give clear directions
- Typing skill would be helpful, along with data entry skills
- Must be dependable

Volunteers will receive on-the-job training.

All information within the Sunrise Police Department is kept confidential.

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Name: _____ Date of Birth: _____

Race: _____ Sex: M or F

Address: _____

City, State, Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Social Security Number: _____ DL#: _____

List any other names you have used in the past: _____

Employer: _____ Occupation: _____

Employer's Address: _____ Phone: _____

**If not currently employed, provide your most recent previous employer

Previous Employer: _____ Occupation: _____

Employer's Address: _____ Phone: _____

Emergency Contact (Name, relationship, Phone): _____

Personal References (Names and contact numbers): _____

List all of the individuals you currently reside with (Name, sex, race and date of birth for each):

Do you have any previous police experience? _____

Have you ever been arrested? _____ (If yes, explain) _____

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Please explain briefly why you desire to be come a police department volunteer:

CHECK EACH AREA OF INTEREST: Clerical ___ Filing ___ Records ___

Public Relations / Services ___ Data Entry ___ Data Analysis ___ Property ___

Fingerprinting / ID ___ Typing ___ Training ___ Telephone Messages ___

Backgrounds / Selections ___ Citizen Volunteer Patrol ___ Other ___

Special Skills / Hobbies (list in detail any areas that may be utilized to assist the Police Dept.

Do you speak a foreign language? _____ Language(s) _____

Do you write a foreign language? _____ Language(s) _____

Do you read a foreign language? _____ Language(s) _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I am aware that should an investigation disclose any misrepresentation, falsification, or omission, I will be disqualified from the Volunteer Program of the Sunrise Police Department. I further understand that this is not an application for employment and do not expect payment for reimbursement fro the City of Sunrise for services rendered. I have read and fully understand the above instructions and hereby authorize the Police Department to conduct a complete background investigation to include a Criminal History check.

Print

Signature

Date

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Authorization for Emergency Medical Treatment

The following information is needed by any hospital or practitioner not having access to your medical history in case of an accident while volunteering your services with the City of Sunrise.

Name: _____

Allergies: _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Any surgeries(dates): _____

Family Physician (name and phone number): _____

The above information has voluntarily been given to the City of Sunrise in the event I sustain an injury while service the City of Sunrise in a voluntary capacity and is to be released to the attending hospital or licensed physician.

Print

Signature

Date

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Liability Disclaimer Form

The undersigned does hereby request permission to participate in the Sunrise Police Department Volunteer Program. I understand that I must comply with all orders and instructions given by personnel in authority. I realize that I may be exposed to physical harm or injury and I freely and voluntarily accept all risks inherent in working with a law enforcement agency.

WHEREFORE, in consideration of acceptance into the Sunrise Police Department's Volunteer Program, I hereby agree to hold the Sunrise Police Department, the City of Sunrise, its employees, agent and servants harmless from all liability to me for personal injury or property damage or loss sustained during the time I may be in the capacity of volunteer, as aforesaid.

State of Florida - County of Broward

Sworn to and subscribed before me
this ____ day of _____, 20____, who
is personally known or provided
_____ (type of ID) as proof
of identification.

Notary Public - Signature



Notary Public - Stamp



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this

day of year By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced