



WINFIELD POLICE DEPARTMENT
27w 465 Jewell Road
Winfield, Illinois 60190
(630) 933-7160

VOLUNTEER APPLICATION

Date: _____

Name: _____ Are you over 21 years of age? Yes ___ No ___

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Day) (_____) _____ (Evening) (_____) _____

E-mail address: _____

Driver's License Number: _____ State: _____

Education: **(Circle Highest Grade Completed)**

High School: 1 2 3 4

College: 1 2 3 4 5 6 7 8

Other: (Explain): _____

Degrees/Certificates earned: _____

Current Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: (_____) _____ Your Title: _____

May we contact your employer for a reference? Yes _____ No _____

How did you hear about the *Volunteers in Policing* Program? _____

Areas of interest: **(Circle all that apply)**

- *Clerical/Office Support *Radar trailer/traffic count *Police Records Assistant *Traffic Control
*Senior Citizen Assistant *Special Events Assistant * Interpreter (Specify Language) _____
*Other: _____

Personal interests and/or special talents: _____

Tell us a little bit about yourself. Your friends or associates would describe you as:

Please list any volunteer experience, community activities, training workshops, internships, and special areas of study or research: _____

AVAILABILITY: Please mark an **X** in the box(es) on the calendar below for shifts you will regularly be available:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning Shift							
Afternoon Shift							
Evening Shift							
Emergency call shift							

Morning Shift Hours: 7:00 a.m. – 11:00 a.m.
 Afternoon Shift Hours: 11:00 a.m. – 3:00 p.m.
 Evening Shift Hours: 3:00 p.m. – 7:00 p.m.
 (Emergency call out) during night 8:00 pm - 7:00 a.m.

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

Are you willing to volunteer a minimum of two shifts per month (approximately 8 hours), with a one-year commitment? _____

Are you willing to provide follow-up support in person and/or via the telephone? _____

Are you willing to perform simple office duties, such as photocopying or stamping brochures, while on shift, if time permits? _____

Are you prepared to complete approximately 40 hours of orientation training and to attend all advance training as scheduled? _____

Are you able to work extra shifts? _____

Have you ever been a victim of crime? _____

Please return this application to:

WINFIELD POLICE DEPARTMENT
ATTENTION: *Sergeant Fred Vollmer*
27w 465 Jewell Road
Winfield, Illinois 60190
or FAX: (630) 668-5541

**VILLAGE OF WINFIELD POLICE DEPARTMENT
VOLUNTEERS IN POLICE SERVICE
PARTICIPATION WAIVER OF LIABILITY**

This Release and Waiver of Liability (the "Release") executed by the "Volunteer" in favor of the Village of Winfield, it's officials, officers, employees, and agents (collectively, "Village"). The Volunteer desires to work as a volunteer for Village and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include directing traffic, assisting at Village events and working in the Village offices.

The Volunteer is at least eighteen years of age, and hereby freely, voluntarily, and without duress executes this Release under the following terms:

RELEASE AND WAIVER. Volunteer does hereby release and forever discharge and hold harmless Village and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Village. Volunteer understands that this Release discharges Village from any liability or claim that the Volunteer may have against Village with respect to bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Village, whether caused by the negligence of Village or its officers, directors, employees, or agents or otherwise.

ASSUMPTION OF THE RISK. The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, directing traffic in the roadway. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Village from all liability for injury, illness, death, or property damage resulting from Activities.

INSURANCE. The Volunteer understands that, except as otherwise agreed to by Village in writing. Village does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

BACKGROUND CHECK. Volunteer hereby authorizes the Village of Winfield to conduct a background check prior to my acceptance by the Village as a Volunteer.

PHOTOGRAPHIC RELEASE. Volunteer does hereby grant and convey unto Village all right, title, and interest in any and all photographic images, video or audio recordings made by Village during the Volunteer's Activities with Village.

OTHER. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Printed Name

Signed:

Volunteer

Signed:

Witness

Date: _____

Date: _____

WINFIELD POLICE DEPARTMENT
Volunteers in Police Service

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital Nursing Home, or Medical Association;

The U.S. Armed Forces, Maritime Service, Veteran's Administration, Selective Service Administration;

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any school, college, university, business school, trade school, elementary or high school.

Any local, State, or Federal Law Enforcement Agency; any past or present employer; any Credit Bureau or Retail Merchants Association; any insurance company.

I, _____, have applied for a volunteer opportunity with the Winfield Police Department.

I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information you may have that concerns me, including academic transcripts and disciplinary matters, to a representative of the Winfield Police Department. This authorization or a reproduction thereof shall be valid for one year from the date of execution of this document.

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Selective Service #: _____

Driver's License #: _____ State: _____ Expiration: _____

Maiden Name: _____

Veteran's Administration File #: _____

Armed Forces Membership: _____ Service #: _____

Given under my hand, this _____ day of _____, 20____

Signature

Current Address

City State Zip Code

WINFIELD POLICE DEPARTMENT

Volunteers in Police Service

NON-DISCLOSURE AGREEMENT

I understand that:

1. As a result of my volunteering with the Winfield Police Department and my association with the Police Department, I may be the recipient of information which in itself, or by implication, is confidential or sensitive. This confidential information may include information contained in law enforcement data systems, manual or automated, and accessed by the Winfield Police Department.

2. I will be responsible for not disclosing such information by any means except in accordance with Winfield Police Department regulations. I am responsible for the safekeeping of such information, documents, and material in the facilities and in the manner approved by the Winfield Police Department and for the handling of such information, material and documents so as to prevent their disclosure to unauthorized persons.

3. I have a personal and individual responsibility for the protection of all such information, documents and material in my possession no matter how acquired.

4. After termination of my volunteer status, I am not to disclose to anyone any confidential or sensitive information, documents or material of any kind obtained by me as a result of my volunteering with the Police Department without the authorization of the Chief of Police.

5. I have not been convicted of a felony, and have not and will not be involved in serious criminal activity. I will not associate with persons having a criminal history during my period of being a volunteer with the Police Department, as stated in the Rules of Conduct of the Winfield Police Department.

6. If a breach of any provision of this agreement occurs, it may result in disciplinary action, if appropriate, by the Winfield Police Department Chief of Police. I am aware that the signing of the Non-Disclosure Agreement is a condition of my participation as a volunteer with the Police Department.

Printed Name

Signature

Date

Witnessed

Date